MATERIAL REVIEWED AT CIA HEADQUARTERS BY
HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

FILE TITLE/NUMBER/VOLUME: HARVEY, WILLIAM K.
O.P. FILE

INCLUSIVE DATES:

CUSTODIAL UNIT/LOCATION:

ROOM:

DELETIONS, IF ANY: PERSONAL & UNRELATED TIME PERIOD MATERIAL

DATE RECEIVED	DATE RETURNED	REVIEWED BY (PRINT NAME)	SIGNATURE OF REVIEWING OFFICIAL
15 AUG 78		DAN HARDWAY	Hardway

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

MATERIAL REVIEWED AT CIA HEADQUARTERS BY

HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

FILE TITLE/NUMBER/VOLUME: HARVEY, WILLIAM K.
OP FILE

INCLUSIVE DATES:

CUSTODIAL UNIT/LOCATION:

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DELETIONS, IF ANY: PERSONAL & UNRELATED TIME PERIOD MATERIAL

DATE RECEIVED	DATE RETURNED	REVIEWED BY (PRINT NAME)	SIGNATURE OF REVIEWING OFFICIAL
15 AUG 78		DAN HARDWAY	Hardway

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

14-00000

NEW YORK TIMES
14 JUNE 1976

W. Harvey, C.I.A. Aide, Dead; Linked to Anti-Castro Plotting

William K. Harvey, reportedly the head of a special Central Intelligence Agency group set up in the 1960's to plan the removal of foreign leaders by means including assasination, died of a heart attack last Wednesday in an Indianapolis hospital.

Mr. Harvey, who was 60 years old, was said to have been in charge of the agency's efforts against Prime Minister Fidel Castro of Cuba. He was among 10 agents whose identities were disclosed by the Senate Select Committee on Intelligence after an investigation in 1975 of alleged assassination plots by the United States.

William E. Colby, then Director of Central Intelligence, had argued that disclosure of the names of agents would put them in jeopardy of retaliation by "irrational groups."

Mr. Harvey testified before the Senate committee that he had been told by superiors that the Castor assasination plot had been aproved at the highest levels of the government, and that he had discussed the efforts with his immediate superior, Richard Helms, who later became director of the agency.

Mr. Harvey moved to Indianapolis in 1969 after retiring from the agency, where he had worked for 22 years. He worked for the Federal Bureau of Investigation from 1940 to 1947.

At the time of his death, Mr. Harvey was law editor for Bobbs-Merrill Publishing Company.

He was buried Saturday at South Cemetery in Danville, just west of Indianapolis. He is survived by his wife, Clara Grace, a daughter, Sally, and a son, James D. Harvey.

14-00000

68-134

13 FEB 1968

Mr. William King Harvey
23 West Irving Street
Chevy Chase, Maryland 20015

Dear Bill:

I am sorry that due to a busy schedule and my absence for several days during the Christmas holidays I didn't have an opportunity to see you prior to your retirement at the end of the year.

Red White has told me of his visit with you, and I am particularly appreciative of your expression of continued loyalty to the Agency and your offer to be of assistance should an appropriate occasion arise.

I extend to you, personally and officially, my sincere appreciation for the important work you have done and my warmest hopes that you will find full enjoyment in the years ahead.

Sincerely,

/s/ Richard Helms

Richard Helms
Director

OP/BSD/RB/MJRoper:jsc
Rewritten:ExDir:sbo
Distribution:
0 - Adse
1 - ER
1 - C/EAB/OS
1 - D/Pers
~~1~~ - OPF
1 - RB

(Concurred in by C/EAB/OS on 8 Jan 68)

NOTE: Covert correspondence

Mr. William King Harvey
25 West Irving Street
Chevy Chase, Maryland 20015

Dear Bill:

As you reach the end of your active career of Government service, I want to join your friends and colleagues in wishing you continued success and satisfaction in your retirement.

You have been privileged to face the challenge of important responsibilities during your more than twenty-six years of service to your country. The success with which you have met them should be a source of lasting pride and satisfaction to you.

May I extend to you, personally and officially, my sincere appreciation for the important work you have done and my warmest hopes that you will find full enjoyment in the years ahead.

Sincerely,

Richard Helms
Director

Distribution:
O - Addressee
1 - DDCI
1 - ER
1 - C/EAB/CS
1 - D/Pers
1 - OPF
1 - RB
1 - RB Reader

/s/ [illegible]

Originator: ______________________
Director of Personnel

Concur: [illegible] **
C/EAB/CS

OP/BSD/RB/[illegible]Roper:jsc (26 December 1967)

**NOTE: Covert correspondence.

14-00000

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 28 December 1967

1. SERIAL NUMBER: 051164
2. NAME (Last-First-Middle): HARVEY, William K.
3. NATURE OF PERSONNEL ACTION: Retirement - CIA Retirement System (Voluntary) and Disability
4. EFFECTIVE DATE REQUESTED: MONTH 12 DAY 31 YEAR 67
5. CATEGORY OF EMPLOYMENT: Regular
6. FUNDS: V TO V | CF TO V | V TO CF | X CF TO CF
7. FINANCIAL ANALYSIS NO. CHARGEABLE: 8136-1186
8. LEGAL AUTHORITY (Completed by Office of Personnel): PL 88-643 Sec. 233
9. ORGANIZATIONAL DESIGNATIONS: DDP/EUR Development Complement
10. LOCATION OF OFFICIAL STATION: Wash., D. C.
11. POSITION TITLE: Ops Officer
12. POSITION NUMBER: 9997
13. CAREER SERVICE DESIGNATION: D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.): GS
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 18 1
17. SALARY OR RATE: $ 27055

18. REMARKS

Mr. Harvey is not recommended for the Agency Reserve List.

Coord w/ Mike Roper, RB by telecon 12/29/67.

18A. SIGNATURE OF REQUESTING OFFICIAL | DATE SIGNED | 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER | DATE SIGNED

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING (NUMERIC / ALPHABETIC)	22 STATION CODE	23 INTEGREE CODE	24 HDQTRS. CODE	25 DATE OF BIRTH (MO. DA. YR.)	26 DATE OF GRADE (MO. DA. YR.)	27 DATE OF LEI (MO. DA. YR.)
45	10				1	09 13 16		

28 NTE EXPIRES (MO. DA. YR.) | 29 SPECIAL REFERENCE | 30 RETIREMENT DATA (1—CSC, 3—FICA, 5—NONE; CODE) | 31 SEPARATION DATA CODE: CBJ CODO. | 32 CORRECTION/CANCELLATION DATA (TYPE, MO. DA. YR) | EOD DATA | 33 SECURITY REQ NO. | 34 SEX

35. VET PREFERENCE (CODE; 0—NONE, 1—5 PT, 2—10 PT) | 36 SERV COMP DATE (MO. DA. YR.) | 37 LONG COMP DATE (MO DA YR.) | 38 CAREER CATEGORY (CAR RESV, PROV TEMP; CODE) | 39. FEGLI/HEALTH INSURANCE (CODE; 0—WAIVER, 1—YES; HEALTH INS. CODE) | 40 SOCIAL SECURITY NO

41 PREVIOUS CIVILIAN GOVERNMENT SERVICE (CODE; 0—NO PREVIOUS SERVICE, 1—NO BREAK IN SERVICE, 2—BREAK IN SERVICE (LESS THAN 3 YEARS), 3—BREAK IN SERVICE (MORE THAN 3 YEARS)) | 42 LEAVE CAT. CODE | 43 FEDERAL TAX DATA (FORM EXECUTED 1—YES 2—NO; CODE; NO. TAX EXEMPTIONS) | 44 STATE TAX DATA (FORM EXECUTED 1—YES 2—NO; CODE; NO TAX EXEMP.; STATE CODE)

45 POSITION CONTROL CERTIFICATION: 1-9-68 [initials]

46 OP APPROVAL: [signature] Emmett D. Echols

DATE APPROVED: 28 Dec 1967

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

(4)

SECRET

13 DEC

Executive Registry
67-4808

MEMORANDUM FOR: Director of Central Intelligence

SUBJECT : Request for Voluntary Retirement - William K. Harvey

1. This memorandum submits a recommendation for your approval; this recommendation is contained in paragraph 4.

2. Mr. William K. Harvey, GS-18, Operations Officer, European Division, Clandestine Services, has applied for voluntary retirement under the provisions of Headquarters Regulation 20-50j, to be effective 30 December 1967.

3. Mr. Harvey has been designated a participant in the CIA Retirement and Disability System and meets the technical requirements for voluntary retirement under the System. He is 52 years old with over 26 years of Federal Service. This service includes over 20 years with the Agency of which more than 9 years were in qualifying service overseas. The CIA Retirement Board has recommended that his application for voluntary retirement be approved. I endorse this recommendation.

4. It is recommended that you approve the voluntary retirement of Mr. William K. Harvey under the provisions of Headquarters Regulation 20-50j.

/s/ Emmett D. Echols

Emmett D. Echols
Director of Personnel

The recommendation contained in paragraph 4 is approved:

/s/ Richard Helms | 15 DEC 1967
Director of Central Intelligence | Date

SECRET

Distribution:
0 - Return to D/Pers
1 - DDCI
1 - ER
1 - D/Pers
1 - OPF
1 - RB Soft file (w/hold)
1 - RB Reader

DEC 13 3 25 PM '67

OP/FSD/RE/MJRoper:tlh (7 December 1967)
Retyped: OP/FSD/BDeFelice:jas (11 December 1967)

DEC 16 10 18 AM '67

Personal Information

14-00000

7:25 - [illegible]
not in

p. 18

25,890

[illegible]

Conv. 2. 25-67

EOD. 20 Sept 47

2:25 [illegible]

10 --
12. not in
12. 45 not in
1. 15 not in
1. 30 not in
2. 00 not in

SECRET
(WHEN FILLED IN)

STATEMENT of EARNINGS and DEDUCTIONS

NAME	EMPLOYEE NO.	PAY PERIOD DATE	ROLL	COST CENTER	STA
HARVEY WILLIAM K	061164	04/09 05/06	01	1361186	000

CD	EARNINGS NORMAL	EARNINGS OTHER	DESCRIPTION
01	199200		REG SAL

NOTE: THIS FORM IS ISSUED ONLY WHEN AN EMPLOYEE ENTERS ON DUTY OR THERE IS ANY CHANGE IN THE PAY ACCOUNT

CD	DEDUCTIONS NORMAL	DEDUCTIONS OTHER	DESCRIPTION
41	35014		F/TAX 1
53	1102		INS WEAPA
54	1000		INS FEGLI
57	750		INS UALIC
61	1374		0820 HOSP 2
75	12948		AGY RET

ADDITIONAL COMPENSATION DATA								REFUND DUE FROM EMPLOYEE			NET PAY		
PP	OT/HRS	HT/HRS	ND/HRS	RATE	O/T-HT AMT	N/D AMOUNT		CD	NORMAL	OTHER	CD	NORMAL	OTHER
											99	147012	

REMARKS:

PAID AT HQS.
147012

FORM 8-63 1315 (10-51)

SECRET

14-00000

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 27 February 1967

1. SERIAL NUMBER	2. NAME (Last-First-Middle)
061164	HARVEY, WILLIAM K

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE REQUESTED (MONTH / DAY / YEAR)	5. CATEGORY OF EMPLOYMENT
CONVERSION FROM FSR STATUS	02 / 25 / 67	REGULAR

6. FUNDS: V TO V / V TO CF / CF TO V / XX CF TO CF

7. FINANCIAL ANALYSIS NO CHARGEABLE: 7130-~~1207~~ 1186

8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS:
DDP/EUR
~~FOREIGN FIELD~~ Dec Comp.
~~SOUTHERN REGION~~
~~ROME STATION~~
~~OFFICE OF THE CHIEF (UNASSIGNED)~~

10. LOCATION OF OFFICIAL STATION: Wash., D.C. ~~ROME, ITALY~~

11. POSITION TITLE	12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION
Ops Officer ~~CHIEF OF STATION~~	9997 ~~0000~~	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.01 ~~0136.05~~	18-1	$ 25,890

18. REMARKS

cc payroll

18A. SIGNATURE OF REQUESTING OFFICIAL	DATE SIGNED	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	DATE SIGNED
Richard F. Westerman, C/E/Personnel		[signature]	3/8/67

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODINGS NUMERIC	ALPHABETIC	22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
53	10	9997	EUR	51213		1	09/13/16		

28. NTE EXPIRES (MO. DA. YR) · 29. SPECIAL REFERENCE · 30. RETIREMENT DATA (1—CSC, 3—FICA, 5—NONE) CODE · 31. SEPARATION DATA CODE · 32. CORRECTION/CANCELLATION DATA (TYPE, MO. DA. YR) · EOD DATA · 33. SECURITY REQ NO · 34. SEX

35. VET PREFERENCE CODE (0—NONE, 1—5 PT, 2—10 PT) · 36. SERV COMP DATE (MO DA YR) · 37. LONG COMP DATE (MO DA YR) · 38. CAREER CATEGORY (CAR, RESV, PROV, TEMP) CODE · 39. FEGLI/HEALTH INSURANCE CODE (0—WAIVED, 1—YES), HEALTH INS. CODE · 40. SOCIAL SECURITY NO

41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE (0—NO PREVIOUS SERVICE, 1—NO BREAK IN SERVICE, 2—BREAK IN SERVICE (LESS THAN 3 YEARS), 3—BREAK IN SERVICE (MORE THAN 3 YEARS)) · 42. LEAVE CAT CODE · 43. FEDERAL TAX DATA: FORM EXECUTED (1—YES, 2—NO), CODE, NO TAX EXEMPTIONS · 44. STATE TAX DATA: FORM EXECUTED (1—YES, 2—NO), CODE, NO TAX EXEMP, STATE CODE

45. POSITION CONTROL CERTIFICATION	46. OP APPROVAL	DATE APPROVED
3-15-67 mw	[signature]	2 Mar 67

FORM 1152 USE PREVIOUS EDITION — SECRET — GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION (4)

14-00000

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 27 February 1967

1. SERIAL NUMBER: 061164
2. NAME (Last-First-Middle): HARVEY, WILLIAM K

3. NATURE OF PERSONNEL ACTION: REASSIGNMENT
4. EFFECTIVE DATE REQUESTED: MONTH 02 DAY 24 YEAR 67
5. CATEGORY OF EMPLOYMENT: REGULAR

6. FUNDS: V TO V / CF TO V / XXX V TO CF / CF TO CF
7. FINANCIAL ANALYSIS NO. CHARGEABLE: 7136-1186
8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS: DDP/EUR
~~CS/CS~~ DEVELOPMENT COMPLEMENT
10. LOCATION OF OFFICIAL STATION: WASHINGTON, D. C.

11. POSITION TITLE: Int Security / OPS OFFICER
12. POSITION NUMBER: 9997
13. CAREER SERVICE DESIGNATION: D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.): FSR / GS
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 01- / 18-1
17. SALARY OR RATE: ~~$ 24,224~~ 24770 / $ 25,890

18. REMARKS: From: ~~DDP/EUR/FF/COS, ROME~~
Subject departed the Station 21 March 1966.

Other

cc security

Security [illegible] SD/SS 3/15/67
[illegible] 3/16/67

18A. SIGNATURE OF REQUESTING OFFICIAL: Richard F. Westerman
Richard F. Westerman, E/E/Personnel
DATE SIGNED:
18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: [signature]
DATE SIGNED: 2/25/67

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING NUMERIC	ALPHABETIC	22 STATION CODE	23 INTEGREE CODE	24 HDQTRS CODE	25 DATE OF BIRTH MO DA YR	26 DATE OF GRADE MO DA YR	27 DATE OF LEI MO DA YR
37	2	44997	[illegible]	73?		1	09 13 16		

28 NTE EXPIRES MO DA YR	29 SPECIAL REFERENCE	30 RETIREMENT DATA (1-CSC 3-FICA 5-NONE) CODE	31 SEPARATION DATA CODE	32 CORRECTION-CANCELLATION DATA TYPE MO DA YR	EOD DATA	33 SECURITY REQ NO.	34 SEX

35 VET. PREFERENCE CODE (0-NONE 1-5 PT 2-10 PT)	36 SERV COMP DATE MO DA YR	37 LONG COMP DATE MO DA YR	38 CAREER CATEGORY (CAR RESV PROV TEMP) CODE	39 FEGLI HEALTH INSURANCE CODE (0-WAIVER 1-YES)	HEALTH INS. CODE	40 SOCIAL SECURITY NO

41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE (0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS))	42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED (0-YES 2-NO)	CODE	NO. TAX EXEMPTIONS	44 STATE TAX DATA FORM EXECUTED (1-YES 2-NO)	CODE	NO TAX EXEMP	STATE CODE

45. POSITION CONTROL CERTIFICATION: 3-15-67
46. O P APPROVAL: [signature]
DATE APPROVED: 3 Mar 67

FORM 2-66 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

(4)

S E C R E T

Chief of Station, Roma

Director of Pers[illegible]

KUDOGAGE - - Notification of Designation as a Participant in the Organization Retirement and Disability System

Action: As indicated

REF: Book Dispatch 5096 & OIRS - 75[illegible]

1. You have been found to be qualified as a participant in the Organization Retirement and Disability System and have been so designated effective 21 November 1965.

2. Although such designation under present statutes is viewed favorably by most persons, the regulation governing this retirement system gives the individual the right to appeal such a determination if he deems the designation adverse to his best interests. In order that this technical requirement may be satisfied, you are hereby notified of your right to appeal. An appeal with reasons therefore must be received in Headquarters within 60 days of the date of this dispatch or acceptance of designation will be assumed. Any questions that you may have in connection with your designation that cannot be answered by referring to Book Dispatch 5096 should be forwarded to Headquarters.

3. We believe that the benefits of the Organization Retirement System are superior to the benefits of the Civil Service Retirement System. However, there are a few situations in which an employee at the time of retirement may have so many years of service (almost 37) that he would receive a higher annuity under the Civil Service system. Because of this, the policy decision has been made that a participant in the Organization system who would receive a higher annuity under the Civil Service system may, not later than one year prior to his retirement, apply to be removed from our system and transferred to the Civil Service system. Thus, you should not anticipate this contingency as a factor in deciding whether you regard your designation as a participant adverse to your best interests.

21 DEC 1965

/s/ Richard B. Egan 15 DEC 1965

RICHARD B. E

OIRS - 7779

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 16 November 1965

1 SERIAL NUMBER: 061164

2 NAME (Last-First-Middle): HARVEY, WILLIAM K.

3 NATURE OF PERSONNEL ACTION: DESIGNATION AS PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM

4 EFFECTIVE DATE REQUESTED: MONTH 11 DAY 21 YEAR 65

5 CATEGORY OF EMPLOYMENT: REGULAR

6 FUNDS: V TO V | V TO CF | CF TO V | XXX CF TO CF

7 COST CENTER NO. CHARGEABLE: 6136-1267

8 LEGAL AUTHORITY (Completed by Office of Personnel): PL 88-643 Sect. 203

9 ORGANIZATIONAL DESIGNATIONS:
DDP/WE
ROME STATION
OFFICE OF THE CHIEF

10 LOCATION OF OFFICIAL STATION: ROME, ITALY

11 POSITION TITLE: FIRST SECRETARY / CHIEF OF STATION

12 POSITION NUMBER: 0262

13 CAREER SERVICE DESIGNATION: D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
FSR		01 2	24,284
GS	0136.05	18 1	$ 25,382

18 REMARKS

EMPLOYEE WILL BE NOTIFIED BY DISPATCH FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND OF HIS RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.

1 cc to OP/BSD/RB
1 cc to CCS
1 cc to Finance through CCS

18A SIGNATURE OF REQUESTING OFFICIAL: Philip C. [signature]
DATE SIGNED: 18 NOV 1965

18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER:
DATE SIGNED:

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING NUMERIC	ALPHABETIC	22. STATION CODE	23. INTEGREE CODE	24. HOGTRS CODE	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR
28	10	5063	WE	36533		3	09 13 16	05 17 59	05 17 59

28 NTE EXPIRES MO DA YR | 29 SPECIAL REFERENCE | 30 RETIREMENT DATA (1—CSC, 2—FICA, 3—NONE) CODE 2 | 31 SEPARATION DATA CODE | 32 CORRECTION CANCELLATION DATA TYPE MO DA YR | EOD DATA | 33 SECURITY REQ. NO. | 34 SEX

35. VET PREFERENCE CODE (0—NONE, 1—5 PT., 2—10 PT) | 36 SERV. COMP. DATE MO DA YR | 37. LONG COMP. DATE MO DA YR | 38 CAREER CATEGORY CAR. RES. PROV. TEMP CODE | 39 FEGLI/HEALTH INSURANCE CODE (0—WAIVER, 1—YES) HEALTH INS. CODE | 40 SOCIAL SECURITY NO

41. PREVIOUS GOVERNMENT SERVICE DATA CODE (0—NO PREVIOUS SERVICE, 1—NO BREAK IN SERVICE, 2—BREAK IN SERVICE (LESS THAN 3 YEARS), 3—BREAK IN SERVICE (MORE THAN 3 YEARS)) | 42 LEAVE CAT CODE | 43 FEDERAL TAX DATA FORM EXECUTED (1—YES, 2—NO) CODE NO. TAX EXEMPTIONS | 44 STATE TAX DATA FORM EXECUTED (1—YES, 2—NO) CODE NO. TAX EXEMP STATE CODE

45. POSITION CONTROL CERTIFICATION: [handwritten initials]
46 OP APPROVAL: [signature] for D/Pers
DATE APPROVED: 18 Nov 65

FORM 6-63 1152 USE PREVIOUS EDITION

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 28 MARCH 1963

1. SERIAL NUMBER	2. NAME (Last-First-Middle)
061164	HARVEY, WILLIAM K.

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE REQUESTED (MONTH / DAY / YEAR)	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT	6 / 30 / 63	REGULAR

6. FUNDS	V TO V	V TO CF	CF TO V	CF TO CF	7. COST CENTER NO. CHARGEABLE	8. LEGAL AUTHORITY (Completed by Office of Personnel)
				CC	3136-6300-1014	

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP WE ROME STATION OFFICE OF THE CHIEF	ROME, ITALY

11. POSITION TITLE	12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION
~~CHIEF OF STATION~~ Secretary	0262	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
FSR		02 0	15,900
GS	0136.01	18 1	20,000

18. REMARKS

FROM: DDP ~~TASK FORCE W~~/OFFICE OF THE CHIEF/0662. 5775

APPOINTMENT MEMO TO DCI SENT ON 27 MARCH 1963.

259 SENT TO MEDICS ON 15 MARCH 1963. Security Approval Granted by Pers. Sec/SS 4/3/63

REQUEST ALL NECESSARY CLEARANCES BE GRANTED PRIOR TO 1 JUNE 1963.

COPIES SENT TO FINANCE AND SECURITY. CSPD Concurs 06/27/63

18A. SIGNATURE OF REQUESTING OFFICIAL	DATE SIGNED	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	DATE SIGNED
[signature] THOMAS M. FISHER, C/WE/PT		[signature]	24 June 63

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING (NUMERIC)	21. OFFICE CODING (ALPHABETIC)	22. STATION CODE	23. INTEGREE CR OF	24. HOURS CODE	25. DATE OF BIRTH (MO. DA. YR.)	26. DATE OF GRADE	27. DATE OF LEI
37	10	62130	WE	31533		3	09 13 15		

28. NTE EXP RES	29. SPECIAL REFERENCE	30. RETIREMENT DATA (1 - CSC, 3 - FICA, 4 - NONE)	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	EOD DATA	33. SECURITY REQ. NO.	34. SEX

35. VET. PREFERENCE (1 - NONE, 2 - 5 PT., 3 - 10 PT.)	36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY (CAREER, RES, PROV/TEMP)	39. FEGLI / HEALTH INSURANCE (0 - WAIVED, 1 - YES; HEALTH INS. CODE)	40. SOCIAL SECURITY NO.

41. PREVIOUS GOVERNMENT SERVICE DATA (0 - NO PREVIOUS SERVICE, 1 - NO BREAK IN SERVICE, 2 - BREAK IN SERVICE (LESS THAN 3 YRS), 3 - BREAK IN SERVICE (MORE THAN 3 YRS))	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA (FORM EXECUTED 1 - YES 2 - NO; CODE; NO. TAX EXEMPTIONS)	44. STATE TAX DATA (FORM EXECUTED 1 - YES 2 - NO; CODE; NO. TAX EXEMP.; STATE CODE)

45. POSITION CONTROL CERTIFICATION	46. O.P. APPROVAL	DATE APPROVED
[signature] 6/27/63	[signature]	28 June 63

FORM 1152 OBSOLETE PREVIOUS EDITION AND FORM 1152A. (4)

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

14-00000

SECRET

CO/P 3-3-54

12 JUN 1963

Executive Registry
63-4940

MEMORANDUM FOR: Deputy Director of Central Intelligence

VIA : Deputy Director (Plans)

SUBJECT : Appointment of Mr. William K. Harvey
Chief of Station, Rome, Italy

1. This is to make a matter of written record the appointment of Mr. Harvey as Chief of Station, Rome, Italy, effective on or about 30 June 1963. Mr. Harvey will replace Mr. Francis I. G. Coleman, who is scheduled to attend the next session of the National War College. Verbal approval was given by you and by the Director.

2. A biographic data sheet, including information regarding his Agency experience and training, is attached.

William D. O'Ryan
WILLIAM D. O'RYAN
Chief
Western Europe Division

Attachment
Biographic Profile (Part I)

CONCUR:

Richard Helms — 13 JUN 1963
Deputy Director (Plans) (Date)

APPROVED:

Marshall S. Carter — 22 June '63
Deputy Director of Central Intelligence (Date)

SECRET

GROUP 1
Excluded from automatic downgrading and declassification

14-00000

CONFIDENTIAL

22 May 1963

Mr. William K. Harvey

Dear Bill,

I wish to express my real appreciation for the time you have devoted to Agent Panel affairs. Your operational experience and personal knowledge of many of the individual staff agents and career agents have provided a sound basis for your contributions to Panel decisions concerning their promotions and reassignments. I look forward to the time, after your overseas assignment, when we may have the pleasure of your service in a similar capacity.

Sincerely,

W. Lloyd George

W. Lloyd George
Chairman, CS Agent Panel

Bill, may I add in my own hand and words real appreciation for your wisdom, objectivity and help

Lloyd

CONFIDENTIAL

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 24 August 1962

1. SERIAL NUMBER: 061164 ✓
2. NAME (Last-First-Middle): HARVEY, WILLIAM K. ✓
3. NATURE OF PERSONNEL ACTION: Reassignment
4. EFFECTIVE DATE REQUESTED: MONTH 6 DAY 8 YEAR 62
5. CATEGORY OF EMPLOYMENT: Regular
6. FUNDS: V TO V | CF TO V | V TO CF | X CF TO CF
7. COST CENTER NO. CHARGEABLE: 3132 - 1000 - 1000
8. LEGAL AUTHORITY (Completed by Office of Personnel):
9. ORGANIZATIONAL DESIGNATIONS: Task Force W, Office of the Chief
10. LOCATION OF OFFICIAL STATION: Washington, D.C.
11. POSITION TITLE: Ops Officer – CH ~~Chief~~ Spec Asst to Coord
12. POSITION NUMBER: BA-662
13. CAREER SERVICE DESIGNATION: D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.): FSR GS ~~15~~
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 02-0 18 1
17. SALARY OR RATE: $14900 $18500 ✓
18. REMARKS: ~~PRA for the duration of Task Force W~~ from FI staff tray Y

18A. SIGNATURE OF REQUESTING OFFICIAL: [signature] for Louis Armstrong
DATE SIGNED: 8/27/62
18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: Richard D. [signature]
DATE SIGNED: 8/28/62

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING (Numeric)	(Alphabetic)	22. STATION CODE	23. INTEGREE CODE	24. HQTRS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LE
37	10	61100	TF12	75013		1	09 31 16		

28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	EOD DATA	33. SECURITY REQ. NO.	34. SEX
MO. DA. YR.		1 = CSC, 3 = FICA, 5 = NONE; CODE		TYPE; MO. DA. YR.			

35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY	39. FEGLI & HEALTH INSURANCE	40. SOCIAL SECURITY NO.
CODE; 0 = NONE, 1 = 5 PT., 2 = 10 PT.	MO. DA. YR.	MO. DA. YR.	CAR/RESV, PROV/TEMP; CODE	CODE; 0 = WAIVER, 1 = YES; HEALTH INS. CODE	

41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA
CODE; 0 = NO PREVIOUS SERVICE, 1 = NO BREAK IN SERVICE, 2 = BREAK IN SERVICE (LESS THAN 3 YRS), 3 = BREAK IN SERVICE (MORE THAN 3 YRS)		FORM EXECUTED 1 = YES 2 = NO; CODE; NO. TAX EXEMPTIONS	FORM EXECUTED 1 = YES 2 = NO; CODE; NO. TAX EXEMP.; STATE CODE

45. POSITION CONTROL CERTIFICATION: T. Kearny 08/25/62
46. O.P. APPROVAL: [signature] for OP [signature]
DATE APPROVED: 29 Aug 62

152 OBSOLETE PREVIOUS EDITION AND FORM 1152A.

SECRET

14-00000

Pre - 1959 personnel actions

SECRET
(When Filled In)

1. PERS. SERIAL NO.	BIOGRAPHIC PROFILE (PART I) SCD: 15 Jan 1941
061164	

2. NAME (Last-First-Middle)	3. SEX	4. DATE OF BIRTH	5. LONGEVITY COMP. DATE
HARVEY, William King	M	13 Sep 1915	29 Sep 1947

6. MARITAL STATUS	7. DEPENDENT(S) (Exclud. employee)	NO.	YEAR(S) OF BIRTH	8. US NATURALIZATION DATE(S)	SPOUSE
Remarried		3	? ? ?	NA	?

9. CAREER STAFF STATUS	MEMBERSHIP	OTHER STATUS	10. LAST MED. RPT.	QUAL. FOR	EVAL. FOR
	?		May 1967	Current Duties	Annual Exec

11. CURRENT RESERVE STATUS	NONE	SERVICE	GRADE	ACTIVE DUTY WITH CIA CAT. 1	RELEASE TO MIL. SER. CAT. 2	TO BE DEFERRED CAT. 3	RETIRED
	X						

12. ASSESSMENT DATE	13. PROFESSIONAL TEST DATE	14. LANGUAGE APTITUDE TEST DATE

15. NON-CIA EMPLOYMENT

1931-33 Danville Gazette, Indiana - Reporter & Printer
1934-35 Indiana Univ, Bloomington - Publicity Writer (athletics)(PT)
1937-40 Self-employed, Maysville, Kentucky - Attorney-at-Law
1940-47 Dept of Justice, FBI, DC/NYC/Pittsburgh, Pa - Special Agent & Supervisor/

16. NON-CIA EDUCATION

1933-37 Indiana Univ, Bloomington - LLB (with Distinction) Law, Psych, Philos, Journalism

17. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)

German - R,High; W,P,S,U,Inter; Interpret - Oct 1961

18. AGENCY SPONSORED TRAINING

1963 Italian

19. CIA EMPLOYMENT HISTORY SINCE 18 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)

EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & ORGAN. TITLE (If any)	LOCATION
Sep 1947	Intel Of	P-6		OSO/FBS/Ch, Inf'l USSR Div	Hq
May 1948	" "	P-7		OSO/COPS/FBS/DCh, Foreign Br	"
Dec 1948	" "	P-7		OSO/COPS/DOPC/DCh, Foreign Br	"
Mar 1949	" "	P-7		OSO/COPS/DCh, Ops for CE	"
Oct 1949	" "	GS15		OSO/Ch, Stf-C&ACh, Stf-D	"
Feb 1951	Chief Stf E	16		OSO/Ch, Staff E	"
Dec 1951	I O	16		OSO/Ch, Plans Staff	"
Dec 1952	Ops Of	16		DDP/EE/GerMis/BOB/COB	Bonn
Nov 1953	I O	16	FI	DDP/EE/GerMis/BOB/COB	Berlin
Dec 1954	Area Ops Of 0136.01	16	FI	" " " " " "	"
Jan 1956	" " " 0136.01	17	DI	DDP/EE/GerSta/BOB/COB	"
May 1959	Chief of Base 0136.01	18	DI	" " " " " "	"
	Sep 1959 return to Hq				
Oct 1959	Ops Of 0136.01	18	DI	DDP/Ch, FI/D	Hq
Jun 1962	" " 0136.01	18	D	DDP/Ch, Task Force W	"
Jun 1963	Chief of Sta 0136.01	18	D	DDP/WE/Rome Sta/COS	Rome
Jun 1965	" " " 0136.05	18	D	" " " " "	"
Feb 1967	Ops Of 0136.01	18	D	DDP/EUR/Dev Comp	Hq
Dec 1967	Retirement (voluntary - CIARDS)				

20. DATE REVIEWED	21. PROFILE REVIEWED BY	22. ITEMS 1-19 REVIEWED & VERIFIED BY EMPLOYEE
22 Sep 1971	obs	No

FORM 8-57 1200 (PART I) USE PREVIOUS EDITIONS. SECRET PROFILE (4)

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 061164

SECTION A — GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
Harvey William K.	13 Sept 1916	M	GS-18	D

6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION
Chief of Station	DDP/WE/Italian	Rome

9. CHECK (X) TYPE OF APPOINTMENT: CAREER / RESERVE / TEMPORARY / CAREER-PROVISIONAL (See instructions - Section C) / SPECIAL (Specify):

10. CHECK (X) TYPE OF REPORT: INITIAL / REASSIGNMENT SUPERVISOR / X ANNUAL / REASSIGNMENT EMPLOYEE / SPECIAL (Specify):

11. DATE REPORT DUE IN O.P.:

12. REPORTING PERIOD (From- to-): 1 April 1964 - 31 March 1965

SECTION B — PERFORMANCE EVALUATION

W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong Performance is characterized by exceptional proficiency.

O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY	RATING LETTER
SPECIFIC DUTY NO. 1: Chief of Station, Rome	O
SPECIFIC DUTY NO. 2: Handles Station relationship with Ambassador and Embassy and the Base in Milan.	S
SPECIFIC DUTY NO. 3: Supervises CA Program.	O
SPECIFIC DUTY NO. 4: Engaged in reorientation of Station FI Program.	O
SPECIFIC DUTY NO. 5:	
SPECIFIC DUTY NO. 6:	

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: O

15 JUN 1965

FORM 6-62 45 OBSOLETE PREVIOUS EDITIONS. SECRET

GROUP 1 Excluded from automatic downgrading and declassification

14-00000

SECRET

(When Filled In)

SECTION C	NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Mr. Harvey has continued to manage the Agency's activities in Italy with the same enthusiasm and drive which characterized the description of his approach to the Station Chief role in his past Fitness Report.

In his efforts to reorient the Rome Station's FI program toward Soviet-Satellite targets Mr. Harvey has devoted considerable energy to acquiring the basic information needed for this task. This has been well reported and the responsibilities for carrying out this shift in operational approach have been precisely delegated. It is still early to assess the results operationally but the reorientation has been well organized. As an early indication of the trend this is taking, several successful technical operations have been established which are well on target.

To accomplish the objectives of the CA responsibilities of the Rome Station Mr. Harvey has acquired the most competent officers with this highly specialized skill and has staunchly supported their efforts to prosecute this program which remains extensive. He has considerably improved the Station relationship with Embassy officers, including the Ambassador, by devoting greater effort to this necessary phase of the Station Chief's role and the Ambassador, during a recent trip to Washington, made special mention of the degree of confidence he had in the Station's reporting and in the extent to which it has kept him properly informed.

During the period under review Mr. Harvey acquired a Deputy Station Chief - for whose arrival he had waited more than 6 months. He has delegated general management of the Station's activities to this officer, who has applied himself diligently to this task and the results have been promising. Mr. Harvey has been receptive to headquarters guidance, is extremely prompt and thorough in replying to his correspondence.

(cont'd)

SECTION D	CERTIFICATION AND COMMENTS	
1.	BY EMPLOYEE	
	I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT	
DATE	SIGNATURE OF EMPLOYEE Employee at Field Station	
2.	BY SUPERVISOR	
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 24	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 2 June 1965	OFFICIAL TITLE OF SUPERVISOR C/WE	TYPED OR PRINTED NAME AND SIGNATURE William D. O'Ryan
3.	BY REVIEWING OFFICIAL	
COMMENTS OF REVIEWING OFFICIAL		
DATE 3 June 65	OFFICIAL TITLE OF REVIEWING OFFICIAL ADDP	TYPED OR PRINTED NAME AND SIGNATURE Thomas H. Karamessines

SECRET

SECRET

William K. Harvey

Fitness Report for Period 1 April 1964 - 31 March 1965

Section C (cont'd)

Some administrative details, such as the reports on the performance of officers whose evaluation he was reluctant to make, Mr. Harvey has had a tendency to postpone despite repeated efforts to provoke him into timely response.

I have rated Mr. Harvey's overall performance outstanding in recognition of his superior supervisory ability, his unusual skill in expressing his views and his determination to accomplish his basic objectives regardless of the obstacles which he encounters. The Rome Station is complex, is engaged in some highly sensitive operations which must be guided with a strong hand and by an officer with a degree of professionalism which Mr. Harvey is well able to supply as a result of his extensive operational experience.

SECRET

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 061164

SECTION A — GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
HARVEY William K.	13 Sept 1916	M	GS-18	D

6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION
Chief of Station	DDP/WE/Italian	Rome

9. CHECK (X) TYPE OF APPOINTMENT

X	CAREER		RESERVE		TEMPORARY
	CAREER-PROVISIONAL (See instructions - Section C)				
	SPECIAL (Specify):				

10. CHECK (X) TYPE OF REPORT

	INITIAL	X	REASSIGNMENT SUPERVISOR
	ANNUAL		REASSIGNMENT EMPLOYEE
	SPECIAL (Specify):		

11. DATE REPORT DUE IN O.P.:

12. REPORTING PERIOD (From- to-): 1 April 1965 - 27 September 1965

SECTION B — PERFORMANCE EVALUATION

W - Weak: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

A - Adequate: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong: Performance is characterized by exceptional proficiency.

O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

Specific Duty	Rating Letter
SPECIFIC DUTY NO. 1: Chief of Station, Rome	O
SPECIFIC DUTY NO. 2: Handles Station relationship with Ambassador and Embassy and the Base in Milan.	S
SPECIFIC DUTY NO. 3: Supervises CA Program.	O
SPECIFIC DUTY NO. 4: Engaged in reorientation of Station FI Program.	O
SPECIFIC DUTY NO. 5	
SPECIFIC DUTY NO. 6	

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: O

28 OCT 1965

FORM 4-62 45 OBSOLETE PREVIOUS EDITIONS.

SECRET

GROUP 1 Excluded from automatic downgrading and declassification

14-00000

SECRET
(When Filled In)

OFFICE OF PERSONNEL

SECTION C NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

MAIL ROOM

My rating of the performance of this officer remains the same as the description of his performance which is contained in his fitness report for period ending 31 March 1965.

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE	
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT	
DATE	SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 30	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION: Mr. Harvey is currently at his overseas post.	
DATE: 27 September 1965	OFFICIAL TITLE OF SUPERVISOR: Chief, WE Division	TYPED OR PRINTED NAME AND SIGNATURE: William D. O'Ryan

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur in the evaluations given Mr. Harvey on duties No. 2, 3 and 4. I believe duty No. 2 could have been rated "outstanding" rather than "strong," with justification. I also think, however, that duty No. 1, involving the overall administration and management of the Station and its personnel, should more appropriately be rated "proficient," or perhaps "strong."

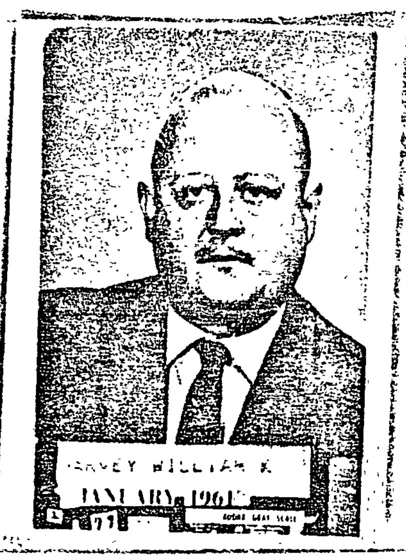
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
21 October 1965	ADDP	Thomas H. Karamessines

SECRET

what date?

Colored photograph removed this date and forwarded with Biographic Profile to Mr. McCone via Mr. Henry Oosthoek, WH/Pers. Mr. Oosthoek cleared with Mr. Gene Stevens, Chief, T&R Branch, POD/OP, the removal of picture.

V. Graham, OP/POD/CAB
5E-2508 HQS
Ext. 7771



SECRET
(When Filled In)

SE: 9 JAN 68

OEF

NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER	2 NAME (LAST-FIRST-MIDDLE)
061108	HARVEY WILLIAM K

3 NATURE OF PERSONNEL ACTION	4 EFFECTIVE DATE	5 CATEGORY OF EMPLOYMENT
RETIREMENT VOLUNTARY UNDER THE CIA RETIREMENT AND DISABILITY SYSTEM	12 31 67	REGULAR

6 FUNDS	V TO V	V TO CF	7 Financial Analysis No. Chargeable	8 CSC OR OTHER LEGAL AUTHORITY
	CF TO V	X CF TO CF	8136 1100 0000	P.L. 88-643 SECT. 233

9 ORGANIZATIONAL DESIGNATIONS	10 LOCATION OF OFFICIAL STATION
DDP/EUR DEVELOPMENT COMPLEMENT	WASH., D.C.

11. POSITION TITLE	12 POSITION NUMBER	13 SERVICE DESIGNATION
OPS OFFICER	9997	D

14 CLASSIFICATION SCHEDULE (GS, LB, etc.)	15 OCCUPATIONAL SERIES	16 GRADE AND STEP	17 SALARY OR RATE
GS	0136.01	18 1	27055

18 REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE	20 Employ. Code	21 OFFICE CODING (NUMERIC / ALPHABETIC)	22 STATION CODE	23 INTEGREE CODE	24 Hdqtrs Code	25 DATE OF BIRTH (MO DA YR)	26 DATE OF GRADE	27 DATE OF LEI
45	18					09 13 16		

28 NTE EXPIRES	29 SPECIAL REFERENCE	30 RETIREMENT DATA	31 SEPARATION DATA CODE	32 Correction Cancellation Data	EOD DATA	33 SECURITY REQ NO	34 SEX
			C5J0000				

35 VET PREFERENCE | 36 SERV. COMP DATE | 37 LONG COMP DATE | 38 CAREER CATEGORY | 39 FEGLI / HEALTH INSURANCE | 40 SOCIAL SECURITY NO

41 PREVIOUS CIVILIAN GOVERNMENT SERVICE | 42 LEAVE CAT CODE | 43 FEDERAL TAX DATA | 44 STATE TAX DATA

SIGNATURE OR OTHER AUTHENTICATION

D. ECHOLS

POSTED

FORM 5-66 1150 Mfg 10-67 Use Previous Edition

SECRET

FLW

GROUP 1 Excluded from automatic downgrading and declassification

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-206
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HARVEY WILLIAM K	061164	44 997	CF	GS 18 1	$25,890	$27,055

SECRET
(When Filled In)

E.T. 16 MAR 67

NOTIFICATION OF PERSONNEL ACTION

CCE

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
061164	HARVEY WILLIAM K

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO. DA. YR.)	5. CATEGORY OF EMPLOYMENT
CONVERSION FROM FSR STATUS	CCE 02 25 67	REGULAR

6. FUNDS	V TO V	CF TO V	V TO CF	CF TO CF	7. Financial Analysis No. Chargeable	8. CSC OR OTHER LEGAL AUTHORITY
		X			7136 1186 0000	50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP/EUR DEVELOPMENT COMPLEMENT	WASH., D.C.

11. POSITION TITLE	12. POSITION NUMBER	13. SERVICE DESIGNATION
OPS OFFICER	9997	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.01	18 1	25890

18. REMARKS

OTHER
WASH., D.C.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ. Code	21. OFFICE CODING NUMERIC	ALPHABETIC	22. STATION CODE	23. INTEGREE CODE	24. Nagtrs. Code	25. DATE OF BIRTH (MO DA YR)	26. DATE OF GRADE (MO DA YR)	27. DATE OF LEI (MO DA YR)
56	18	44997	EUR	75013		1	09 13 16		

28. NTE EXPIRE (MO DA YR)	29. SPECIAL REFERENCE	30. RETIREMENT DATA (1 - CSC, 2 - CIA, 3 - FICA, 4 - NONE) CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA (TYPE, MO DA YR)		33. SECURITY REQ NO	34. SEX
					EOD DATA		

35. VET. PREFERENCE (CODE: 0 - NONE, 1 - 5 PT, 2 - 10 PT)	36. SERV COMP. DATE (MO DA YR)	37. LONG COMP DATE (MO DA YR)	38. CAREER CATEGORY (CAR., RESV., PROV., TEMP.)	39. FEGLI / HEALTH INSURANCE (CODE; 0 - WAIVER, 1 - YES; HEALTH INS CODE)	40. SOCIAL SECURITY NO

41. PREVIOUS CIVILIAN GOVERNMENT SERVICE (CODE: 0 - NO PREVIOUS SERVICE, 1 - NO BREAK IN SERVICE, 2 - BREAK IN SERVICE LESS THAN 3 YRS, 3 - BREAK IN SERVICE MORE THAN 3 YRS)	42. LEAVE CAT CODE	43. FEDERAL TAX DATA (FORM EXECUTED 1 - YES 2 - NO; CODE; NO. TAX EXEMPTIONS)	44. STATE TAX DATA (FORM EXECUTED 1 - YES 2 - NO; CODE; NO TAX EXEMP; STATE CODE)

SIGNATURE OR OTHER AUTHENTICATION

POSTED

FORM 5-66 1150 Use Previous Edition

SECRET

GROUP 1 Excluded from automatic downgrading and declassification

(When Filled In)

SECRET
(When Filled In)

BJT: 16 MAR 67

NOTIFICATION OF PERSONNEL ACTION

ODF

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
061164	HARVEY WILLIAM K

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO. DA. YR.)	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT	02 24 67	REGULAR

6. FUNDS	V TO V	V TO CF	CF TO V	CF TO CF	7. Financial Analysis No. Chargeable	8. CSC OR OTHER LEGAL AUTHORITY
			X		7136 1186 0000	50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP/EUR DEVELOPMENT COMPLEMENT	WASH., D.C.

11. POSITION TITLE	12. POSITION NUMBER	13. SERVICE DESIGNATION
FIRST SECRETARY OPS OFFICER	9997	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
FSR GS	0136.01	01 2 18 1	24770 25890

18. REMARKS

OTHER
ROME, ITALY

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ Code	21. OFFICE CODING (NUMERIC)	(ALPHABETIC)	22. STATION CODE	23. INTEGREE CODE	24. Hdqtrs Code	25. DATE OF BIRTH (MO DA YR)	26. DATE OF GRADE	27. DATE OF LEI
37	18	44297	EUR	75013	1	1	09 13 16		

28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REQ NO.	34. SEX
		1 - CSC 2 - CIA 3 - FICA 4 - NONE		EOD DATA		

35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO.
0 - NONE 1 - 5 PT 2 - 10 PT			CAR RESV PROV TEMP	0 - WAIVER 1 - YES	

41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)		FORM EXECUTED 1 - YES 2 - NO; CODE; NO. TAX EXEMPTIONS	FORM EXECUTED 1 - YES 2 - NO; CODE; NO TAX EXEMP; STATE CODE

SIGNATURE OR OTHER AUTHENTICATION

POSTED
3-17-67

FORM 5-66 1150 Use Previous Edition

SECRET

GROUP 1
Excluded from automatic downgrading and declassification

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN, FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HARVEY WILLIAM K	061164	50 630 CF	GS 18 1	$25,382	$25,890

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HARVEY WILLIAM K	061164	50 630	CF	GS 18 1	$24,500	$25,382

14-00000

JGD: 19 NOV 65

SECRET
(When Filled In)

ℓD/pers

ODF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
061164	HARVEY WILLIAM K

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO DA YR)	5. CATEGORY OF EMPLOYMENT
DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM	11 21 65	REGULAR

6. FUNDS	V TO V	V TO CF	CF TO V	CF TO CF	7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY
			X		6136 1267 0000	PL 88-643 SECT. 203

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP/WE ROME STATION OFFICE OF THE CHIEF	ROME, ITALY

11. POSITION TITLE	12. POSITION NUMBER	13. SERVICE DESIGNATION
FIRST SECRETARY CHIEF OF STATION	0262	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
FSR GS	0136.05	01 2 18 1	24284 25382

18. REMARKS

ROME, ITALY
EMPLOYEE WILL BE NOTIFIED BY DISPATCH FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND OF HIS RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ. Code	21. OFFICE CODING (NUMERIC)	(ALPHABETIC)	22. STATION CODE	23. INTEGREE CODE	24. Hdqtrs. Code	25. DATE OF BIRTH (MO DA YR)	26. DATE OF GRADE (MO DA YR)	27. DATE OF LEI (MO DA YR)
28	10	50630	WE	36533	1	3	09 13 16	05 17 59	05 17 59

28. NTE EXPIRES (MO DA YR)	29. SPECIAL REFERENCE	30. RETIREMENT DATA (1 - CSC, 2 - FICA, 3 - NONE) CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA (TYPE, MO DA YR)	EOD DATA	33. SECURITY REQ. NO	34. SEX
		2					

35. VET. PREFERENCE (CODE: 0 - NONE, 1 - 5 PT, 2 - 10 PT)	36. SERV COMP DATE (MO DA YR)	37. LONG COMP. DATE (MO DA YR)	38. CAREER CATEGORY (CAR, RESV, PROV, TEMP) CODE	39. FEGLI / HEALTH INSURANCE (CODE: 0 - WAIVER, 1 - YES; HEALTH INS CODE)	40. SOCIAL SECURITY NO.

41. PREVIOUS GOVERNMENT SERVICE DATA (CODE: 0 - NO PREVIOUS SERVICE, 1 - NO BREAK IN SERVICE, 2 - BREAK IN SERVICE (LESS THAN 3 YRS), 3 - BREAK IN SERVICE (MORE THAN 3 YRS))	42. LEAVE CAT CODE	43. FEDERAL TAX DATA (FORM EXECUTED 1 - YES 2 - NO; CODE; NO TAX EXEMPTIONS)	44. STATE TAX DATA (FORM EXECUTED 1 - YES 2 - NO; CODE; NO TAX EXEMP.; STATE CODE)

SIGNATURE OR OTHER AUTHENTICATION

POSTED
11-26-65 H

FORM 11-62 1150 Use Previous Edition

SECRET

GROUP 1 Excluded from automatic downgrading and declassification

(When Filled In)

56

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCS 06/16/65

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
061144	HARVEY WILLIAM K

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO DA YR)	5. CATEGORY OF EMPLOYMENT
SERIES CODE ADJUSTMENT	06 07 65	

6. FUNDS	V TO V	V TO CF	7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY
	CF TO V	X CF TO CF	5136 1267 0000	

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP/WE DIVISION	ROME, ITALY

11. POSITION TITLE	12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION
CHIEF OF STATION	0262	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.05	18	

18. REMARKS

POSTED
6-21-65

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(4-51)

14-00000

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(When Filled In)

RZR: 28 JUNE 63

ODF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
061164	HARVEY WILLIAM K

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO DA YR)	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT	06 30 63	REGULAR

6. FUNDS	V TO V		V TO CF	7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY
	CF TO V	X	CF TO CF	3136 6300 1014	50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP/WE ROME STATION OFFICE OF THE CHIEF	ROME, ITALY

11. POSITION TITLE	12. POSITION NUMBER	13. SERVICE DESIGNATION
1ST SECRETARY CHIEF OF STATION	0262	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
FSR GS	0136.01	02 0 18 1	15300 20000

WASH., D.C.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ Code	21. OFFICE CODING NUMERIC	ALPHABETIC	22. STATION CODE	23. INTEGREE CODE	24. Hdqtrs Code	25. DATE OF BIRTH (MO DA YR)	26. DATE OF GRADE (MO DA YR)	27. DATE OF LEI (MO DA YR)
37	10	62630	WE	36533	1	3	09 13 16		

28. NTE EXPIRES (MO DA YR)	29. SPECIAL REFERENCE	30. RETIREMENT DATA (1 - CSC, 3 - FICA, 5 - NONE) CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA (TYPE MO DA YR)	EOD DATA	33. SECURITY REQ NO.	34. SEX

35. VET. PREFERENCE CODE (0 - NONE, 1 - 5 PT, 2 - 10 PT)	36. SERV. COMP DATE (MO DA YR)	37. LONG COMP. DATE (MO DA YR)	38. CAREER CATEGORY (CAR, RES, PROV, TEMP) CODE	39. FEGLI / HEALTH INSURANCE CODE (0 - WAIVER, 1 - YES)	HEALTH INS CODE	40. SOCIAL SECURITY NO.

41. PREVIOUS GOVERNMENT SERVICE DATA CODE (0 - NO PREVIOUS SERVICE, 1 - NO BREAK IN SERVICE, 2 - BREAK IN SERVICE LESS THAN 3 YRS, 3 - BREAK IN SERVICE MORE THAN 3 YRS)	42. LEAVE CAT CODE	43. FEDERAL TAX DATA: FORM EXECUTED (1 - YES, 2 - NO)	CODE	NO TAX EXEMPTIONS	44. STATE TAX DATA: FORM EXECUTED (1 - YES, 2 - NO)	CODE	NO TAX EXEMP	STATE CODE

SIGNATURE OR OTHER AUTHENTICATION

POSTED
07/02/63 JK

28 JUN 1963

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SECRET

GROUP 1
Excluded from automatic downgrading and declassification

(4-61)

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87 - 793 AND DCI MEMORANDUM DATED 1 AUGUST 1958, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 14 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	OLD GR-ST	OLD SALARY	NEW GR-ST	NEW SALARY
HARVEY WILLIAM K	061164	A1100	CF	18 1	$18500	18 1	$20000

21

14-00000

PSC: 12 SEPT 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OKF

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
051164	HARVEY WILLIAM K

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO. DA. YR.)	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT (CORRECTION)	06 08 62	REGULAR

6. FUNDS	V TO V	V TO CF	CF TO V	CF TO CF	7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY
			X		3132 1000 1000	50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP TASK FORCE W OFFICE OF THE CHIEF	WASH., D.C.

11. POSITION TITLE	12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION
SP ASST TO COORD OPS OFFICER CH	0662	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
FSR GS	0136.01	02 0 18 1	14900 18500

18. REMARKS

THIS ACTION CORRECTS FORM 1150 EFFECTIVE DATE 06/08/62 TO SHOW THE INTEGRATED TITLE, CLASSIFICATION, GRADE, STEP, & SALARY WHICH WERE PREVIOUSLY OMITTED.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ Code	21. OFFICE CODING (NUMERIC)	21. OFFICE CODING (ALPHABETIC)	22. STATION CODE	23. INTEGREE CODE	24. Hdqtrs. Code	25. DATE OF BIRTH (MO. DA. YR.)	26. DATE OF GRADE (MO. DA. YR.)	27. DATE OF LEI (MO. DA. YR.)
57	10	61100	TFW	75013	1	1	09 13 16		

28. NTE EXPIRES (MO. DA. YR.)	29. SPECIAL REFERENCE	30. RETIREMENT DATA (1 - CSC, 2 - FICA, 3 - NONE) CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA (TYPE, MO. DA. YR.)		33. SECURITY REQ NO.	34. SEX
				37	06 08 62	EOD DATA	

35. VET. PREFERENCE (CODE: 0 - NONE, 1 - 5 PT., 2 - 10 PT.)	36. SERV. COMP DATE (MO. DA. YR.)	37. LONG. COMP. DATE (MO. DA. YR.)	38. CAREER CATEGORY (CAR, RESV, PROV, TEMP) CODE	39. FEGLI / HEALTH INSURANCE (CODE: 0 - WAIVER, 1 - YES; HEALTH INS CODE)	40. SOCIAL SECURITY NO.

41. PREVIOUS GOVERNMENT SERVICE DATA (CODE: 0 - NO PREVIOUS SERVICE, 1 - NO BREAK IN SERVICE, 2 - BREAK IN SERVICE LESS THAN 3 YRS, 3 - BREAK IN SERVICE MORE THAN 3 YRS)	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA (FORM EXECUTED 1 - YES, 2 - NO; CODE; NO. TAX EXEMPTIONS)	44. STATE TAX DATA (FORM EXECUTED 1 - YES, 2 - NO; CODE; NO TAX EXEMP; STATE CODE)

SIGNATURE OR OTHER AUTHENTICATION

BAB 9/12/62

09/18/62 TJK

FORM 8-62 1150 Use Previous Edition

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GROUP 1
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(4-81)

(When Filled In)

14-00000

DATE: 31 AUG 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
[illegible]	HARVEY WILLIAM K

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO. DA. YR.)	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT	[illegible] 09 62	REGULAR

6. FUNDS		V TO V		V TO CF	7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY
		CF TO V	X	CF TO CF	3102 1000 1000	50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
TASK FORCE W OFFICE OF THE CHIEF	WASH., D.C.

11. POSITION TITLE	12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION
OPS OFFICER CH	[illegible]	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.01	1[illegible] 1	18500

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ Code	21. OFFICE CODING NUMERIC	ALPHABETIC	22. STATION CODE	23. INTEGREE CODE	24. Nights Code	25. DATE OF BIRTH (MO DA YR)	26. DATE OF GRADE (MO. DA. YR.)	27. DATE OF LEI (MO DA YR)
37	[illegible]	61100	TFW	75013			[illegible]		

28. NTE EXPIRES (MO DA YR)	29. SPECIAL REFERENCE	30. RETIREMENT DATA (1 - CSC, 3 - FICA, 5 - NONE) CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA (TYPE, MO DA YR)	EOD DATA	33. SECURITY REQ NO.	34. SEX

35. VET PREFERENCE CODE (0 - NONE, 1 - 5 PT, 2 - 10 PT)	36. SERV. COMP DATE (MO DA YR)	37. LONG COMP DATE (MO DA YR)	38. CAREER CATEGORY (CAR, RES, PROV, TEMP) CODE	39. FEGLI / HEALTH INSURANCE CODE (0 - WAIVER, 1 - YES)	HEALTH INS CODE	40. SOCIAL SECURITY NO

41. PREVIOUS GOVERNMENT SERVICE DATA CODE (0 - NO PREVIOUS SERVICE, 1 - NO BREAK IN SERVICE, 2 - BREAK IN SERVICE (LESS THAN 3 YRS), 3 - BREAK IN SERVICE (MORE THAN 3 YRS))	42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED (1 - YES, 2 - NO) CODE	NO TAX EXEMPTIONS	44. STATE TAX DATA FORM EXECUTED (1 - YES, 2 - NO)	CODE	NO TAX EXEMP	STATE CODE

SIGNATURE OR OTHER AUTHENTICATION

POSTED
9/5/62 [illegible]

FORM 4-62 1150 Use Previous Edition 8/31/62 [illegible]

SECRET (When Filled In)

GROUP 1 Excluded from automatic downgrading and declassification

(4-61)

14-00000

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

SD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
DI	HARVEY WILLIAM K	561164	41 09	GS-18 1	$17,500	$18,500

/S/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

14-00000

SECRET

(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

PAS: 18 AUGUST 1960

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth Mo. Da. Yr.	4. Vet. Pref. None-0 5 Pt-1 10 Pt-2 Code	5. Sex	6. CS-EOD Mo. Da. Yr.
561164	HARVEY WILLIAM K	09 13 15	0	M 1	09 29 47

7. SCD Mo. Da. Yr.	8. CSC Retmt Yes-1 No-2 Code	9. CSC Or Other Legal Authority	10. Appt. Affidav. Mo. Da. Yr.	11. FEGLI Yes-1 No-2 Code	12. LCD Mo. Da. Yr.	13. Mil. Serv. Credit Yes-1 No-2 Code
12 09 40	1	50 USCA 403 J			09 29 47	2

PREVIOUS ASSIGNMENT

14. Organizational Designations	Code	15. Location Of Official Station	Station Code
DDP FI STAFF DIVISION D OFFICE OF THE CHIEF	4109	WASH., D. C.	75013

16. Dept.-Field Dept-1 USfld-3 Frgn-5 Code	17. Position Title	18. Position No.	19. Serv.	20. Occup. Series
1	SP ASST TO COORD OPS OFFICER CHIEF	0872	FSR GS	0136.01

21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade Mo. Da. Yr.	25. PSI Due Mo. Da. Yr.	26. Appropriation Number
02 18 1	$ 14900 18500	D	05 17 59	XX XX XX	0127 1003 1000

ACTION

27. Nature Of Action	Code	28. Eff. Date Mo. Da. Yr.	29. Type Of Employee	Code	30. Separation Data
CONVERSION TO PERMANENT SUPERGRADE RANK *		07 27 60	REGULAR	OM	

PRESENT ASSIGNMENT

31. Organizational Designations	Code	32. Location Of Official Station	Station Code
DDP FI STAFF DIVISION D OFFICE OF THE CHIEF	4109	WASH., D.C.	75013

33. Dept.-Field Dept-1 USfld-3 Frgn-5 Code	34. Position Title	35. Position No.	36. Serv.	37. Occup. Series
1	SP ASST TO COORD OPS OFFICER CHIEF	0872	FSR GS	0136.01

38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade Mo. Da. Yr.	42. PSI Due Mo. Da. Yr.	43. Appropriation Number
02 18 1	$ 14900 18500	D	05 17 59	XX XX XX	1123 1003 1000

44. Remarks

* THE DIRECTOR OF CENTRAL INTELLIGENCE ON 27 JULY 1960 APPROVED YOUR PERMANENT GRADE AS GS-18.

2.29.60 WI

E.D. ECHOLS

FORM NO 1150a 1 MAR 57

SECRET

(4)

14-00000

Pre 1960
Personnel actions

14-00000

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 061164

SECTION A — GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
HARVEY William K.	13 Sept 1916	M	GS-18	D

6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION
Chief of Station	DDP/WE/Italian	Rome

9. CHECK (X) TYPE OF APPOINTMENT
- X CAREER
- RESERVE
- TEMPORARY
- CAREER-PROVISIONAL (See instructions - Section C)
- SPECIAL (Specify):

10. CHECK (X) TYPE OF REPORT
- INITIAL
- X REASSIGNMENT SUPERVISOR
- ANNUAL
- REASSIGNMENT EMPLOYEE
- SPECIAL (Specify):

11. DATE REPORT DUE IN O.P.:

12. REPORTING PERIOD (From- to-): 1 April 1965 - 27 September 1965

SECTION B — PERFORMANCE EVALUATION

- **W - Weak** Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.
- **A - Adequate** Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.
- **P - Proficient** Performance is more than satisfactory. Desired results are being produced in a proficient manner.
- **S - Strong** Performance is characterized by exceptional proficiency.
- **O - Outstanding** Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

Specific Duty	Rating Letter
SPECIFIC DUTY NO. 1: Chief of Station, Rome	O
SPECIFIC DUTY NO. 2: Handles Station relationship with Ambassador and Embassy and the Base in Milan.	S
SPECIFIC DUTY NO. 3: Supervises CA Program.	O
SPECIFIC DUTY NO. 4: Engaged in reorientation of Station FI Program.	O
SPECIFIC DUTY NO. 5:	
SPECIFIC DUTY NO. 6:	

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: O

28 OCT 1965

FORM 4-62 45 OBSOLETE PREVIOUS EDITIONS. SECRET

GROUP 1 Excluded from automatic downgrading and declassification

SECRET

OFFICE OF PERSONNEL

MAIL ROOM

SECTION C — **NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

My rating of the performance of this officer remains the same as the description of his performance which is contained in his fitness report for period ending 31 March 1965.

SECTION D — **CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE	SIGNATURE OF EMPLOYEE
	William K. Harvey

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
30	Mr. Harvey is currently at his overseas post.	
DATE	**OFFICIAL TITLE OF SUPERVISOR**	**TYPED OR PRINTED NAME AND SIGNATURE**
27 September 1965	Chief, WE Division	William D. O'Ryan

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur in the evaluations given Mr. Harvey on duties No. 2, 3 and 4. I believe duty No. 2 could have been rated "outstanding" rather than "strong," with justification. I also think, however, that duty No. 1, involving the overall administration and management of the Station and its personnel, should more appropriately be rated "proficient," or perhaps "strong."

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
21 October 1965	ADDP	Thomas H. Karamessines

SECRET

14-00000

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER	061164

SECTION A GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
Harvey William K.	13 Sept 1916	M	GS-18	D

6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION
Chief of Station	DDP/WE/Italian	Rome

9. CHECK (X) TYPE OF APPOINTMENT	10. CHECK (X) TYPE OF REPORT
CAREER / RESERVE / TEMPORARY	INITIAL / REASSIGNMENT SUPERVISOR
CAREER-PROVISIONAL (See Instructions - Section C)	X ANNUAL / REASSIGNMENT EMPLOYEE
SPECIAL (Specify):	SPECIAL (Specify):

11. DATE REPORT DUE IN O.P.	12. REPORTING PERIOD (From- to-)
	1 April 1964 - 31 March 1965

SECTION B PERFORMANCE EVALUATION

W - Weak: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

A - Adequate: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong: Performance is characterized by exceptional proficiency.

O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY	RATING LETTER
SPECIFIC DUTY NO. 1: Chief of Station, Rome	O
SPECIFIC DUTY NO. 2: Handles Station relationship with Ambassador and Embassy and the Base in Milan.	S
SPECIFIC DUTY NO. 3: Supervises CA Program.	O
SPECIFIC DUTY NO. 4: Engaged in reorientation of Station FI Program.	O
SPECIFIC DUTY NO. 5	
SPECIFIC DUTY NO. 6	

OVERALL PERFORMANCE IN CURRENT POSITION

	RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.	O

15 JUN 1965

FORM 4-62 45 OBSOLETE PREVIOUS EDITIONS. SECRET

GROUP 1 Excluded from automatic downgrading and declassification

14-00000

SECRET
(When Filled In)

SECTION C **NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Mr. Harvey has continued to manage the Agency's activities in Italy with the same enthusiasm and drive which characterized the description of his approach to the Station Chief role in his past Fitness Report.

In his efforts to reorient the Rome Station's FI program toward Soviet-Satellite targets Mr. Harvey has devoted considerable energy to acquiring the basic information needed for this task. This has been well reported and the responsibilities for carrying out this shift in operational approach have been precisely delegated. It is still early to assess the results operationally but the reorientation has been well organized. As an early indication of the trend this is taking, several successful technical operations have been established which are well on target.

To accomplish the objectives of the CA responsibilities of the Rome Station Mr. Harvey has acquired the most competent officers with this highly specialized skill and has staunchly supported their efforts to prosecute this program which remains extensive. He has considerably improved the Station relationship with Embassy officers, including the Ambassador, by devoting greater effort to this necessary phase of the Station Chief's role and the Ambassador, during a recent trip to Washington, made special mention of the degree of confidence he had in the Station's reporting and in the extent to which it has kept him properly informed.

During the period under review Mr. Harvey acquired a Deputy Station Chief - for whose arrival he had waited more than 6 months. He has delegated general management of the Station's activities to this officer, who has applied himself diligently to this task and the results have been promising. Mr. Harvey has been receptive to headquarters guidance, is extremely prompt and thorough in replying to his correspondence.

(cont'd)

SECTION D **CERTIFICATION AND COMMENTS**

1. **BY EMPLOYEE**

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE	SIGNATURE OF EMPLOYEE
	Employee at Field Station

2. **BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
24		
DATE	**OFFICIAL TITLE OF SUPERVISOR**	**TYPED OR PRINTED NAME AND SIGNATURE**
2 June 1965	C/WE	William D. O'Ryan

3. **BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
3 June 65	ADDP	Thomas H. Karamessines

SECRET

SECRET

William K. Harvey

Fitness Report for Period 1 April 1964 - 31 March 1965

Section C (cont'd)

Some administrative details, such as the reports on the performance of officers whose evaluation he was reluctant to make, Mr. Harvey has had a tendency to postpone despite repeated efforts to provoke him into timely response.

I have rated Mr. Harvey's overall performance outstanding in recognition of his superior supervisory ability, his unusual skill in expressing his views and his determination to accomplish his basic objectives regardless of the obstacles which he encounters. The Rome Station is complex, is engaged in some highly sensitive operations which must be guided with a strong hand and by an officer with a degree of professionalism which Mr. Harvey is well able to supply as a result of his extensive operational experience.

SECRET

14-00000

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 061164

SECTION A — GENERAL

1. NAME (Last)	(First)	(Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
Harvey	William	K.	1916	M	18	D

6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION
Chief of Station, Rome	DDP/WE/Italy	Rome

9. CHECK (X) TYPE OF APPOINTMENT: CAREER / RESERVE / TEMPORARY / CAREER-PROVISIONAL (See instructions - Section C) / SPECIAL (Specify):

10. CHECK (X) TYPE OF REPORT: INITIAL / REASSIGNMENT SUPERVISOR / X ANNUAL / REASSIGNMENT EMPLOYEE / SPECIAL (Specify):

11. DATE REPORT DUE IN O.P.:

12. REPORTING PERIOD (From- to-): 1 March 1963 - 31 March 1964

SECTION B — PERFORMANCE EVALUATION

W - Weak — Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

A - Adequate — Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

P - Proficient — Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong — Performance is characterized by exceptional proficiency.

O - Outstanding — Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

Specific Duty	Rating Letter
SPECIFIC DUTY NO. 1: Chief of Station, Rome	O
SPECIFIC DUTY NO. 2: Handles Station relationship with Ambassador and Embassy and Station Bases.	S
SPECIFIC DUTY NO. 3: Supervises correspondence with headquarters on entire complex Station program.	O
SPECIFIC DUTY NO. 4: Supervises CA Program.	O
SPECIFIC DUTY NO. 5: Engaged in reorientation of Station FI program.	O
SPECIFIC DUTY NO. 6:	

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: O

12 AUG 1964

FORM 6-62 45 OBSOLETE PREVIOUS EDITIONS. SECRET

SECRET
(When Filled In)

SECTION C — **NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

OFFICE OF PERSONNEL
AUG 11 11 19 AM '64

Mr. Harvey's management of the Agency's program in Italy has to date been characterized by the forcefulness and drive which have gained for him in previous assignments a reputation for dynamism. He has undertaken to reorient the Rome Station's FI program toward Soviet-satellite targets and any delay in this reorientation has been due fully to our inability for administrative reasons to supply the personnel he desires on the time schedule which he would prefer.

Although not by inclination oriented toward the objectives of CA, he has preserved and guided the most complex CA program in Western Europe with understanding and skill. To accomplish this it has been necessary for Mr. Harvey to learn the intricasies of an extremely complex local political situation. This he has set about to do with confidence. His accumulated experience in earlier assignments has equipped Mr. Harvey with a self-assurance and confidence which I have rarely seen equalled in any other officer. The continuance of ideal relationships with the key Embassy officials in Rome has been somewhat handicapped by the sudden death of the principal officer in the Embassy who was knowledgeable of our program and the impossibility of bringing into knowledge of our activity the next lower level echelon of Embassy officials for reasons beyond Mr. Harvey's control. This handicap has been overcome over the past year and Mr. Harvey is currently supervising extremely sensitive political operations and contacts to the satisfaction of the Ambassador and his headquarters.

He delegates responsibilities skillfully to those officers under his command who are best qualified and by his own outstanding performance, which is always at its best under heavy stress, he earns an intense loyalty from these personnel. He demonstrates cost-consciousness and outstanding supervisory ability.

SECTION D — **CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE	SIGNATURE OF EMPLOYEE
27/2/65	[signature]

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
12	Report will be shown to employee upon return from overseas.	
DATE	**OFFICIAL TITLE OF SUPERVISOR**	**TYPED OR PRINTED NAME AND SIGNATURE**
28 July 1964	C/WE	William D. O'Ryan [signature]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
7 AUG 1964	Deputy Director for Plans	Richard Helms [signature]

SECRET

14-00000

SECRET

C 1164

18 April 1963

MEMORANDUM FOR: Director of Personnel

SUBJECT: Fitness Report - Mr. William K. Harvey

1. This Fitness Report covers the period from 1 April 1962 to 15 January 1963 during which Mr. Harvey was Chief, Task Force W.

2. As a senior officer in the Clandestine Services, Mr. Harvey has behind him a long record of professional accomplishment achieved during tours in Washington as well as seven years in Berlin. He is thoroughly grounded in the tradecraft of clandestine activities, and has brought to each and every assignment an intelligent, thorough, and uncommonly conscientious approach. His qualities of leadership are attested to by the loyalty and devotion of those colleagues who have worked under his direction. If anything, there has tended to grow up within the Clandestine Services a coterie of officers who have come to regard themselves as "Harvey men", a development which Mr. Harvey himself has not encouraged but which demonstrates the strong emphasis on first-class tradecraft which he has insisted upon in each assignment.

3. As Chief, Task Force W, Mr. Harvey had the task of organizing and developing a large operational team devoted to the acquisition of intelligence and the handling of special operations directed at Cuba. He was obliged to work within a complicated bureaucratic framework, a fact which made the clearing of actions a laborious and time-consuming exercise. Under his direction, the Task Force grew substantially in size and in professional competence with the result that when the Cuban crisis arrived in October intelligence assets were in place to make a significant contribution to the overall intelligence picture. Mr. Harvey devoted considerable ingenuity, long hours of personal time, and great energy to this enterprise, and, although certain aspects of the intra-governmental coordination of the operations had rough sledding, his net achievement was the establishment of an effective, going concern with momentum which carries on to the present.

4. Mr. Harvey, after a strong performance as Chief, TFW, has been assigned as Chief of Station, Rome, and is now preparing himself to take over at that post in the coming months.

Thos H Karamessines
Thomas H. Karamessines
Assistant Deputy Director (Plans)

Reviewing Official:
Richard Helms
Richard Helms
Deputy Director (Plans)

29 APR 1963

Read 23/4/63

SECRET

14-00000

O/D/Pers

15 OCT 1962

MEMORANDUM FOR: Director of Personnel

SUBJECT: William K. Harvey - Memorandum in lieu of fitness report for period 30 March 1960 - 10 May 1962

1. It is difficult to prepare a fitness report on this outstanding officer, largely because forms do not lend themselves to measuring his many unique characteristics. His strengths are in professional knowledge and competence in the operational field, in a toughness of mind and firmness of attitude, while the latter in past years have moved him into positions that were sometimes stronger than superior officers, with a responsibility for adjustments necessary in matters of policy in relation to Agency position in the community, were able to handle easily, his own closeness to policy positions of the Agency within the U.S. community in the last two years has found him with a real ability to handle policy matters and to adjust to necessities, without losing his firmness and his independence of thought.

2. He is sometimes accounted to be less than outgiving of information about operational matters in which he is engaged, yet it should be remembered that this characteristic has been part and parcel of a sound operational attitude in his career. He has a wide knowledge of personalities within the officer corps of the DD/P and is for the most part a good selector of officers to accomplish necessary tasks. He handles people well. He has a tremendous energy and is a loyal officer both to his superiors and to the purposes of the Clandestine Services of CIA.

3. He is one of the few distinctly outstanding officers in the DD/P.

W. Lloyd George

W. LLOYD GEORGE
Chief
Foreign Intelligence

14-00000

8 September 1960

MEMORANDUM IN LIEU OF FITNESS REPORT

The following statement relates to the performance of William K. Harvey, GS 18, Chief of FI, Division D.

This officer has held a series of responsible positions in DD/P and its predecessor clandestine intelligence organization for well over ten years. He excels in the field of clandestine operations in general and especially so in that phase of clandestine staff and operational activities concerned with the procurement, handling and exploitation of highly sensitive and critical intelligence and operational materials.

His performance generally over the recent years has proved him to be one of the outstanding officers of the DD/P organization. He has demonstrated clearly superior performance both in staff responsibility at Headquarters and as Chief of Base in a very important field station where he was directly engaged in supervising and carrying on operations successfully against targets of the highest priority.

In the period under review, June 1959 to March 1960, he took over and directed functioning of one of DD/Ps most sensitive components charged with achievement by special means against targets of the highest importance. This included carrying on negotiations and liaison with other components of CIA and other Agencies and Departments of the U. S. Government concerned with his special field. His performance of this responsibility in many respects has been outstanding. He has continued to demonstrate his fitness to handle a wide range of positions of major responsibility within the clandestine service.

Among his outstanding characteristics are: thorough understanding of his profession and ability to make this clear to persons of high level whose knowledge of the Clandestine Services is general. He is firm, tenacious, and on occasions strongly aggressive in pursuit of his point of view. While this may sometimes make for difficulty on the part of those in higher echelons who wish to dispose of a complicated problem easily and quickly, this officer's persistence in carefully

presenting his arguments and in holding to them until their fact and logic prevail or until policy factors override, makes him a highly valuable asset to CIA.

Rater W. Lloyd George
W. Lloyd George
C/FI

Reviewer Richard Helms
Richard Helms
COPS

SECRET

0/0

14 January 1959

MEMORANDUM FOR: Director of Personnel

ATTENTION: Chief, Records and Services Division

FROM: Chief of Station, Germany

SUBJECT: Fitness Report - William K. Harvey
November 1957 - January 1959

1. Subject's abilities and performance are too generally known to require detailed comment. One of the very senior officers in KUDOVE he has been chief of what is probably the largest and most productive overseas Base of KUBARK for approximately seven years. During this period Subject has been personally responsible for a number of operational successes, some of which have been of national importance. Possessed of driving energy, determination and initiative, he has few equals in professional experience and competence. Throughout his administration of the Base he has established and maintained exceedingly high standards of accomplishment, discipline and endeavor. Subject's judgement, on occasion, is impulsive and proposals of the Base have been, from time to time, advanced and defended with greater vehemence and more exhaustively than the occasion, objectively speaking, required. Subject's basic self-discipline, good sense and loyalty, however, have prevented any such incidents, which are in large measure manifestations of the highly charged atmosphere and insistent operational pressures of Berlin, from developing into serious friction with the German Station or Washington headquarters.

2. It has been a pleasure to serve with this officer and, during his assignment, he has consistently rendered dedicated and effective service of the very highest order.

John A. Bross

John A. Bross

CONCUR:

James Critchfield

CHIEF, EE DIVISION

RYBAT

SECRET

14-00000

Harvey, Wm K. EE

Chief of Base 6548-81...

Berlin

18 June 1959

[redacted]

MEMORANDUM FOR: Director of Personnel

ATTENTION: Chief, Records and Services Division

FROM: Chief of Station, Germany

SUBJECT: Fitness Report - William K. Harvey
January 1959 - June 1959

I have nothing to add to the memorandum dated 14 January 1959. Subject continues to render an outstanding performance.

John A. Bross

John A. Bross

I certify that I have seen this Fitness Report

wkh

William K. Harvey

CONCUR:

James Critchfield

Chief, Eastern European Division

SECRE.

14-00000

Pre 1959 Fitness Reports

14-00000

SECRET
(When Filled In)

NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Harvey, William K.	Son-James	68-0535

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 7 March 1967.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BSD REPRESENTATIVE
3 January 1968	B. DeFelice

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

FORM 10-59 1076 USE PREVIOUS EDITION. SECRET (4-21-35)

SECRET
(When Filled In)

NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Harvey, William	Self	68-0533

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 30 July 1964.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BSD REPRESENTATIVE
3 January 1968	D... F...

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

FORM 10-59 1076 USE PREVIOUS EDITION. SECRET (4-21-35)

SECRET
(When Filled In)

NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Harvey, William K.	Daughter-Sally	68-0534

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 3 August 1967.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BSD REPRESENTATIVE
3 January 1968	B. DeFelice

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

14-00000

Items Indicated by a Star are to be Completed by the Payee

(Agency)

TRAVEL REIMBURSEMENT VOUCHER

2. D.O. VOUCHER NO.

3. BU. VO. NO.

6. D.O. PAID BY

*4. PAYEE'S COMPLETE NAME AND ADDRESS

William K. Harvey
28 West Irving Street
Chevy Chase, Md. 20015

*5. TRAVEL AUTHORIZATION

A. Number	B. Dated
6-69348	2/23/66
6-69348A	5/13/66

*7. EMPLOYEE NUMBER (State Only)

253900

*8. TRAVEL ADVANCE STATUS

A. Old Balance	$ -0-
B. Applied This Voucher	$ -0-
C. New Balance	$ -0-

9. OFFICIAL STATION (State Only)

Rome to Dept.

*10. STATEMENT OF GOVERNMENT FURNISHED TRANSPORTATION

A. GTR or Tkt. No.	B. Valuation	C. Carrier*	D. Class	E. Point to Point Travel (1) from	(2) to
LI 302,207	$1302.90	SS Constitution	1st	Naples	New York
IO 359,316	271.85	AF TWA	Economy	Munich	Washington

*11. PAYEE CERTIFICATE: *I hereby certify that this voucher and attachments are correct and just in all respects, and that payment or credit has not been received.***

A. Date: March 17 1967

B. Signature: William K. Harvey

12. PAYMENT CALCULATION

*A. Amount Claimed (See Item 19.) $ 649.61

B. Differences, if any $

C. Amount Allowed (Verified correct to Approp. ________) $

D. Applied to Advance (See Item 8B.) $

E. Net to Payee $

13. ADMINISTRATIVE APPROVAL: Recommended for approval.

A. Date

B. Signature

Name:

Title

*14. PREVIOUS PAYMENTS: The next previous Vo. paid under same travel auth. was:

A. D.O. Vou. No.	B. Paid (mo. & yr.)	C. D.O. Name and Symbol

15. CERTIFIED FOR PAYMENT: *Pursuant to authority vested in me, I certify this voucher is correct and proper for payment:*

A. Date

B. Authorized Certifying Officer's Signature

Name:

Title:

16. METHOD OF PAYMENT (For Paying Office Use Only)

A. Cash or Dep. Check Amt.	B. Exchange Rate	C. U.S. $ Equivalent	*D. Date

E. Treasury or Depository Check No. and Name of Depository

*F. Payment Received

(Payee's Signature)

17. ACCOUNTING CLASSIFICATION

A. Fund	B. Allotment	C. Oblig. (T/A) No	D. Organization (State Only)	E. Function (State Only)	F. Object	G. Paying Office (State Only)	H. Paying Date (State Only)	I. Amount
			USIA: Activity/Sub-Activity					

*Item 10C - If carrier was foreign ship registry, attach certificate of readiness.

**FRAUDULENT CLAIM - Falsification of any item in an expense account works a forfeiture of the claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C.).

FORM FS-286
6-65

18. CLAIM (Show complete itinerary, and transportation expenses for persons and things for which reimbursement is claimed, [illegible] weights, measures and attach [illegible] receipts.)

REMARKS (Names and Ages of Dependents; explanation for use of foreign registry ship; rates of exchange, etc.)

Concurrent travel
Wife
Daughter, Sally, Age 7
Separate travel
Son, James, born December 1947

Lire 625/$1 DM 4/$1

Dates 19 66 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount Per Diem (F)	Amount Other (G)
		FORWARDED				
Mr. Harvey, Wife, and Daughter						
Mar. 21	0700	LV. Rome via private auto				
	1130	AR. Naples				
		163 miles at 12¢				19.56
		Autostrada tolls L. 1750				2.80
		Required fees for auto (Ford)				
		at dock				
		Preparation of car L. 1500				
		Auto check-in fee L. 1000				
		L. 2500				4.00
		Baggage transport Rome				
		to Naples L. 3500				5.60
		Baggage transfer charges				
		for hold baggage L. 9350				14.96
	2300	LV. Naples	3/4	6	11.25	
Mar. 22 thru 30		At sea	9	6	135.00	
Mar. 31		At sea	1	2	5.00	
19. COLUMN TOTALS (Sum of which forwarded to Item 12A. on face of voucher)					151.25	46.92

#18. CLAIM (Show complete itinerary, ... of transportation expenses for persons and things ... which reimbursement is claimed; as excess, show weights, measures and attach all receipts.)

REMARKS (Names and Ages of Dependents, explanation for use of foreign registry ship, rates of exchange, etc.)

Dates 19 66 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount Per Diem (F)	Amount Other (G)
			FORWARDED		151.25	46.92
April 1	0800	AR. New York				
	1200	LV. New York via personal auto				
	1830	AR. Washington				
		269 miles at 12¢				32.28
		Tolls				4.55
		Dock charge for release of car				2.50
		Baggage transfer charge				
		at New York pier	1	16.00	40.00	15.00
		Railway express charges for				
		shipment of 337 lbs. of				
		baggage from New York to				
		Washington				23.40
Travel	of son	James				
June 2		LV. Munich via AF				
		AR. Paris				
June 5	1200	LV. Paris via TWA 803				
	1500	AR. New York				
#19. COLUMN TOTALS (Sum of which forwarded to Item 12A. on face of voucher)					191.25	124.65

GPO 1962 ...

14-00000

FORM FS-285 (THIS SIDE MAY BE USED AS A SUPPLEMENTAL SHEET) Page 2

18. CLAIM (Show complete itinerary ... transportation expenses for persons and things ... which reimbursement is claimed; on effects, show weight, measures and attach all receipts).

REMARKS (Names and Ages of Dependents, explanation for use of foreign registry ship, rates of exchange, etc.)

Dates 1966 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount Per Diem (F)	Amount Other (G)
		FORWARDED			191.25	124.65
June 5	1630	LV. New York via TW 203				
	1807	AR. Washington Nat'l Airport				
		Air travel from Munich is				
		less expensive than $302.90				
		economy air FARE from Rome				
		to Washington				
		Airport tax in Munich DM500				1.25
		Direct scheduling from Munich				
		via air				
June 2	0740	LV. Munich via LH 161				
	0830	AR. Frankfurt				
	1215	LV. Frankfurt via PA 107				
	1745	AR. Washington				
		Per diem ½ @ 16.00 less 35%			5.20	
		Shipment of air freight from				
		Munich to Washington (85lbs.)				67.10
		Deferred home leave travel for				
		Mr. Harvey, James and Sally				
19. COLUMN TOTALS (Sum of which forwarded to item 12A. on face of voucher)					196.45	193.00

FORM FS-288 (THIS SIDE MAY BE USED AS A SUPPLEMENTAL SHEET) Page 2

*18 CLAIM (Show complete itinerary ... transportation expenses for persons and things for which reimbursement is claimed, on effects, give weights, measures and attach all receipts.)

REMARKS (Names and Ages of Dependents, explanation for use of foreign registry ship, rates of exchange, etc.)

Dates 19 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount Per Diem (F)	Amount Other (G)
		FORWARDED			196.45	193.00
June 28	0900	LV. Washington via personal auto	3/4	16.00	30.00	
June 29	1500	AR. Indianapolis	3/4	16.00	30.00	
		Mileage 584 @ 12¢				70.08
July 22	0900	LV. Indianapolis via personal	3/4	16.00	30.00	
		auto				
July 23	1500	AR. Washington	3/4	16.00	30.00	
		Mileage 584 miles @ 12¢				70.08
		Cost by auto is less than				
		cost by rail with scheduling				
		as follows:				
June 28	1900	LV. Washington via rail				
June 29	1205	AR. Indianapolis				
July 22	1505	LV. Indianapolis via rail				
July 23	0915	AR. Washington				
		Per diem 2 x $16.00 x 2.5 $80.00				
	RT 1st	class rail (Family Plan) 169.40				
	RT Sleeping accomodations (Bed-room, plus roomette is least expensive)	76.96 $326.36				
*19. COLUMN TOTALS (Sum of which forwarded to Item 12A. on face of voucher)					316.45	[illegible]

14-00000

SECRET
(WHEN FILLED IN)

QUALIFICATIONS SYSTEM RECORD CHANGE

APPLICANT CODING DATA

1. ID	2. APPL. NO.	3. NAME
<• 2	6-DIGITS •	MUST CONTAIN 20-DIGITS •

4. DATE OF BIRTH (MO DA YR)	5. DATE CODED (MO DA YR)	
•	•	THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1962, MASTER QUALIFICATIONS CODING RECORD.

LANGUAGE CODING DATA - FORM 444c

1. ID	2. EMPLOYEE NO.	3. NAME (3-LETTERS)	4. LANGUAGE DATA CODE: BASE CODE	R	W	P	S	U	T	YR
<• 3	•061164	• HAR	•BF71	4	3	3	3	3	2	61

5. DATE SUBMITTED (MO DA YR)	6. DATE OF BIRTH (MO DA YR)	
•10 02 61	•09 13 15	WHEN FORM 444c DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NO-LANGUAGE" (12-DIGITS)

LANGUAGE PROFICIENCY TEST DATA

1. ID	2. EMPLOYEE NO.	3. NAME (3-LETTERS)	4. CODE (C-A-D)	5. LANGUAGE DATA BEFORE TEST: BASE CODE	R	W	P	S	U	T	YR
<• 5	•	•	•	•							

6. LANGUAGE DATA AFTER TEST: BASE CODE	R	W	P	S	U	T	YR	7. DATE OF TEST (MO DA YR)	
•								•	DATA FOR ITEM 2 THRU 7 IS EXTRACTED FROM FORM 1273, LANGUAGE PROFICIENCY AND AWARDS DATA.

QUALIFICATIONS RECORD CHANGE

1. ID	2. EMP/APPL NO.	3. NAME (3-LETTERS)	
<• 4	•	•	ENTER UNDER "TYPE" - A - ADDITION TO RECORD; C - CHANGE TO EXISTING RECORD; D - DELETION OF DATA FROM EXISTING RECORD

TYPE	CODE # 1 BASE	1	2	3	YR	CODE # 2 BASE	1	2	3	YR
•	•					•				
•	•					•				
•	•					•				
•	•					•				
•	•					•				
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FORM 10-64 1962a

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

(4-51)

14-00000

SECRET
(When Filled In)

(1-6)	
061164	LANGUAGE DATA RECORD

PART I—GENERAL

1. NAME (Last-First-Middle) (7-24)	2. DATE OF BIRTH (25-30) MONTH	DAY	YEAR
HARVEY, William	7	13	15

3. LANGUAGE (31-33)	4. TODAY'S DATE (34-39) MONTH	DAY	YEAR	5.
German				☐ I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE

PART II—LANGUAGE ELEMENTS

SECTION A. Reading (40)

1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.
(2) I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.
5. I HAVE NO READING ABILITY IN THE LANGUAGE.

SECTION B. Writing (41)

1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.
2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.
(3) I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.
5. I CANNOT WRITE IN THE LANGUAGE.

CODED ... DATE ... NOV 1961

SECTION C. Pronunciation (42)

1. MY PRONUNCIATION IS NATIVE.
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.
(3) MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.
5. I HAVE NO SKILL IN PRONUNCIATION.

CONTINUE ON REVERSE SIDE

FORM NO. 444c
1 FEB 57

SECRET

(4-49)

14-00000

CONTINUATION OF PART II—LANGUAGE ELEMENTS

SECTION D. Speaking (43)

1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
$\textcircled{3}$ I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

SECTION E. Understanding (44)

1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKES AND PUNS.
$\textcircled{3}$ I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

PART III—EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
$\textcircled{2}$ I HAVE HAD EXPERIENCE AS AN INTERPRETER. -- *Army Coal*
3. BOTH OF THE ABOVE STATEMENTS APPLY.
4. NONE OF THE ABOVE STATEMENTS APPLY.

PART IV—CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 25-115, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED	SIGNATURE
10/2/61	*William H. Harvey*
(46)	(47)

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:
Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE LAST (Print)	FIRST	MIDDLE	OFFICE/COMPONENT
1-6	7-24			25-26
061164	HARVEY	WILLIAM	K.	50

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL MONTH	ARRIVAL DAY	ARRIVAL YEAR	DEPARTURE MONTH	DEPARTURE DAY	DEPARTURE YEAR	COUNTRY	OMIT
1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
	3				03	21	66	ITALY	365

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE MONTH	DEPARTURE DAY	DEPARTURE YEAR	RETURN MONTH	RETURN DAY	RETURN YEAR	AREA(S)	OMIT
2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42

SOURCE OF RECORD DOCUMENT

	TRAVEL VOUCHER		DISPATCH
X	CABLE		DUTY STATUS OR TIME AND ATTENDANCE REPORT
	OTHER (Specify)		

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
IN 80062	22 March 1966

REMARKS

PREPARED BY	X	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & L DIVISION		DATE 3/29/66	SIGNATURE Jackie E. Persinger
X C & T DIVISION			

FORM 10-64 1451a USE PREVIOUS EDITION. SECRET GROUP 1 Excluded from automatic downgrading and declassification (4-10)

14-00000

COMMONWEALTH OF AUSTRALIA
AUSTRALIAN SECURITY INTELLIGENCE ORGANISATION

Office of the Director General

G.P.O. BOX No. 510JBB.,
MELBOURNE

2 May, 1966.

My dear Admiral

My Liaison Officer in Rome has told me of the tremendous assistance and co-operation that he and his section received at all times from Mr. W.K. Harvey.

I understand that Mr. Harvey has now returned to Washington and I would like to say how much I appreciate all that he has done to assist the work of my officers in Rome.

With kindest regards and best wishes,

Yours sincerely,

Charles Spry

(C.C.F. SPRY)

The Honorable W.F. Raborn,
Director,
Central Intelligence Agency,
WASHINGTON.

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:
Office of Personnel, Statistical Reporting Branch, ROOM 5 E [illegible] Headquarters

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE (LAST (Prune) / FIRST / MIDDLE)	OFFICE/COMPONENT
1-6	7-24	25-26
061164	HARVEY, WILLIAM K.	50

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
	1				01	08	66	ITALY	365

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42

SOURCE OF RECORD DOCUMENT

	TRAVEL VOUCHER		DISPATCH
X	CABLE		DUTY STATUS OR TIME AND ATTENDANCE REPORT
	OTHER (Specify)		

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
IN 26160	4 Jan. 1966

REMARKS

PREPARED BY		X REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
	C & L DIVISION	DATE	SIGNATURE
X	C & T DIVISION	13 Jan. 1966	Beverly [illegible]

FORM 10-64 1451a USE PREVIOUS EDITION.

SECRET

GROUP 1
Excluded from automatic downgrading and declassification

(4-10)

14-00000

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:
Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE LAST	FIRST	MIDDLE	OFFICE/COMPONENT
1-6	(Print)	7-24		25-26
61164	HARVEY	William	K	50

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA		ARRIVAL			DEPARTURE			COUNTRY	CMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
	1	06	30	63				ITALY	365

TDY DATES OF SERVICE

TYPE OF DATA		DEPARTURE			RETURN			AREA(S)	CMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	27	28-29	30-31	32-33	34-35	36-37	38-39		40-

SOURCE OF RECORD DOCUMENT

	TRAVEL VOUCHER		DISPATCH
X	CABLE		DUTY STATUS OR TIME AND ATTENDANCE REPORT
	OTHER (Specify)		

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
Rome 9510 (IN 70227)	

REMARKS

PREPARED BY		REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
	FISCAL DIVISION	DATE	SIGNATURE
X	FINANCE DIVISION	7 [illegible]	[illegible]

FORM 9-58 1451a OBSOLETE PREVIOUS EDITIONS.

SECRET

(4-10)

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE 130470 FEB 61

TO:
Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE LAST	FIRST	MIDDLE	OFFICE/COMPONENT
1-5	(Print)	6-23		24-25
2111	[illegible]			34

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION *(One only)*. REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL MONTH	DAY	YEAR	DEPARTURE MONTH	DAY	YEAR	COUNTRY	OMIT
1 - PCS *(Basic)* 3 - CORRECTION 5 - CANCELLATION	26	27-28	29-30	31-32	33-34	35-36	37-38		39-41

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE MONTH	DAY	YEAR	RETURN MONTH	DAY	YEAR	AREA(S)	OMIT
2 - TDY *(Basic)* 4 - CORRECTION 6 - CANCELLATION	26	27-28	29-30	31-32	33-34	35-36	37-39		39-41
		04			05				801

SOURCE OF RECORD DOCUMENT

	TRAVEL VOUCHER		DISPATCH
	CABLE		DUTY STATUS OR TIME AND ATTENDANCE REPORT
	OTHER *(Specify)*		

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE	SIGNATURE
FINANCE DIVISION		

FORM 8-58 1451a SECRET (4-10)

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

130471 FEB 961

TO:
Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE LAST (Print) / FIRST / MIDDLE	OFFICE/COMPONENT
1-5	6-23	24-25
[illegible]	[illegible]	34

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL MONTH	ARRIVAL DAY	ARRIVAL YEAR	DEPARTURE MONTH	DEPARTURE DAY	DEPARTURE YEAR	COUNTRY	OMIT
1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	26	27-28	29-30	31-32	33-34	35-36	37-38		39-41

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE MONTH	DEPARTURE DAY	DEPARTURE YEAR	RETURN MONTH	RETURN DAY	RETURN YEAR	AREA(S)	OMIT
2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	26	27-28	29-30	31-32	33-34	35-36	37-38		39-41
	[illegible]	10	[illegible]	[illegible]	11	0[illegible]	[illegible]	[illegible]	801

SOURCE OF RECORD DOCUMENT

	TRAVEL VOUCHER		DISPATCH
	CABLE		DUTY STATUS OR TIME AND ATTENDANCE REPORT
	OTHER (Specify)		

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
[illegible]	

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE	SIGNATURE
FINANCE DIVISION	[illegible]	[illegible]

FORM 6-58 1451a SECRET (4-10)

CONFIDENTIAL 0/D - [illegible] 1 + R
(When Filled In)

INSTRUCTIONS: COMPLETE IN DUPLICATE. THE DATA RECORDED ON THIS FORM IS ESSENTIAL IN DETERMINING TRAVEL EXPENSES ALLOWABLE IN CONNECTION WITH LEAVE AT GOVERNMENT EXPENSE, OVERSEAS DUTY, RETURN TO RESIDENCE UPON SEPARATION, AND FOR PROVIDING CURRENT RESIDENCE AND DEPENDENCY INFORMATION REQUIRED IN THE EVENT OF AN EMPLOYEE EMERGENCY. THE ORIGINAL OF THIS FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

NAME OF EMPLOYEE (Last) (First) (Middle)
HARVEY William KING

1. RESIDENCE DATA

PLACE OF RESIDENCE WHEN APPOINTED | LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)

PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE
48 W. IRVING St. Chevy Chase, Md

2. MARITAL STATUS

CHECK (X) ONE: [ ] SINGLE [X] MARRIED [ ] SEPARATED [ ] DIVORCED [ ] WIDOWED [ ] ANNULLED

IF MARRIED, INDICATE PLACE OF MARRIAGE: Berlin
DATE OF MARRIAGE: 3/2/54

IF DIVORCED, PLACE OF DIVORCE DECREE
DATE OF DECREE

IF WIDOWED, INDICATE PLACE SPOUSE DIED
DATE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

3. MEMBERS OF FAMILY

NAME OF SPOUSE	ADDRESS (No., Street, City, Zone, State)	TELEPHONE NUMBER	
CLARA GRACE, Nee Follick	Above		
NAMES OF CHILDREN	ADDRESS	SEX	AGE
JAMES	Same	M	12
SALLY		F	18 Mo.
NAME OF FATHER (Or male guardian)	ADDRESS	TELEPHONE NUMBER	
Deceased			
NAME OF MOTHER (Or female guardian)	ADDRESS	TELEPHONE NUMBER	
SARA K. HARVEY	1615 Northwood Drive Indianapolis, Ind	[illegible] 2579	

WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES?
Mother

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) (Last-First-Middle): Wife - Above
RELATIONSHIP:

HOME ADDRESS (No., Street, City, Zone, State)
HOME TELEPHONE NUMBER: OL 4-5178

BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE
BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION?
[X] YES [ ] NO

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF?
[X] YES [ ] NO

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE?
[X] YES [ ] NO

THE PERSONS NAMED IN ITEM 3 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

5. VOLUNTARY ENTRIES

INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS: HAMILTON NATIONAL BANK & BANK OF SILVER SPRING

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL
(When Filled In)

5. (CONTINUED)

IN WHOSE NAME(S) ARE THE ACCOUNTS LISTED?

Self & wife Jointly

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? [X] YES [ ] NO. IF "YES", WHERE IS DOCUMENT LOCATED?

HAVE YOU EXECUTED A POWER OF ATTORNEY? [X] YES [ ] NO. IF "YES", WHO POSSESSES THE POWER OF ATTORNEY?

wife

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT	DATE	SIGNATURE
	11/4	William K Harvey

CONFIDENTIAL

14-00000

0D/Pers

S-E-C-R-E-T
(When filled in)

TUTORIAL TRAINING REPORT

03/11/63 - 06/17/63

Student	: William K. Harvey	Office	: WE
Year of Birth:	1915	Service Designation:	D
Grade	: 18	No. of Students	: 1
EOD Date	: 09/47	Instructor:	Mrs. M. Lutyk

This is to certify that William K. Harvey received 92 hours of tutorial training in ITALIAN language.

Beginner : X

Non-beginner :

FOR THE DIRECTOR OF TRAINING: Bengt C. Herder

BENGT C. HERDER
Chief Instructor

10/21/63
Date

GROUP 1
Excluded from automatic downgrading and declassification

S-E-C-R-E-T
(When filled in)

14-00000

Pre 1961 Personnel material

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION

1. DATE OF REQUEST: 28 November 1966

2. NAME (Last, First, Middle): Harvey, William K.

3. POSITION TITLE:

4. GRADE: GS-18

5. OFFICE, DIVISION, BRANCH:

6. EMPLOYEE'S EXT.: 6765 Room 3E 30

7. PURPOSE OF EVALUATION

- [ ] PRE-EMPLOYMENT
- [ ] ENTRANCE ON DUTY
- [ ] TDY STANDBY
- [ ] SPECIAL TRAINING
- [XXX] ANNUAL - Executive
- [ ] RETURN TO DUTY
- [ ] FITNESS FOR DUTY
- [ ] MEDICAL RETIREMENT
- [ ] HDQS/TDY
- [ ] OVERSEAS ASSIGNMENT

ETD	
STATION	
TDY OR PCS	
TYPE OF COVER	
NO. OF DEPENDENTS TO ACCOMPANY	
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	

- [ ] RETURN FROM OVERSEAS

ETA	
STATION	
NO. OF DEP.'S	

8. OVERSEAS PLANNING EVALUATION (One block must be checked)

- [ ] YES
- [ ] NO

9. REQUESTING OFFICER

SIGNATURE:

ROOM NO. & BUILDING: | EXT.:

10. COMMENTS

QUALIFIED FOR CURRENT DUTIES AT HEADQUARTES

11. REPORT OF EVALUATION

DATE: 24 MAY 1967

SIGNATURE FOR CHIEF OF MEDICAL STAFF: JOHN E. FRALLIC
PHYSICAL REQUIREMENTS OFFICER

FORM 10-59 259 USE PREVIOUS EDITIONS. SECRET (20)

14-00000

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION

1. DATE OF REQUEST: 31 January 1966

2. NAME (Last, First, Middle): HARVEY, William K.

3. POSITION TITLE:

4. GRADE:

5. OFFICE, DIVISION, BRANCH: WH

6. EMPLOYEE'S EXT.:

7. PURPOSE OF EVALUATION

- [ ] PRE-EMPLOYMENT
- [ ] ENTRANCE ON DUTY
- [ ] TDY STANDBY
- [ ] SPECIAL TRAINING
- [XX] ANNUAL
- [ ] RETURN TO DUTY
- [ ] FITNESS FOR DUTY
- [ ] MEDICAL RETIREMENT

- [ ] HDQS/TDY
- [ ] OVERSEAS ASSIGNMENT

ETD:
STATION:
TDY OR PCS:
TYPE OF COVER:
NO. OF DEPENDENTS TO ACCOMPANY:
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED:

- [ ] RETURN FROM OVERSEAS

ETA:
STATION:
NO. OF DEP.'S:

8. OVERSEAS PLANNING EVALUATION (One block must be checked)

- [ ] YES
- [ ] NO

9. REQUESTING OFFICER

SIGNATURE:

ROOM NO. & BUILDING:

EXT.:

10. COMMENTS

Qualified for Current Duties

11. REPORT OF EVALUATION

31 January 1966

DATE: 31 January 1966

SIGNATURE FOR CHIEF OF MEDICAL STAFF: (Signed) Peter J. Gaughan

FORM 10-59 259 USE PREVIOUS EDITIONS.

SECRET

(26)

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION

1. DATE OF REQUEST	17 March 1965
2. NAME (Last, First, Middle)	HARVEY, William K.
3. POSITION TITLE	COS
4. GRADE	GS-18
5. OFFICE, DIVISION, BRANCH	WE DIVISION
6. EMPLOYEE'S EXT.	7157

7. PURPOSE OF EVALUATION

- [ ] PRE-EMPLOYMENT
- [ ] ENTRANCE ON DUTY
- [ ] TDY STANDBY
- [ ] SPECIAL TRAINING
- [ ] ANNUAL
- [ ] RETURN TO DUTY
- [ ] FITNESS FOR DUTY
- [ ] MEDICAL RETIREMENT
- [ ] HDQS/TDY
- [XX] OVERSEAS ASSIGNMENT

ETD	10 March 1965
STATION	Rome
TDY OR PCS	PCS
TYPE OF COVER	Integree
NO. OF DEPENDENTS TO ACCOMPANY	2
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	0

- [ ] RETURN FROM OVERSEAS

ETA	
STATION	
NO. OF DEP.'S	

8. OVERSEAS PLANNING EVALUATION (One block must be checked)

- [XX] YES
- [ ] NO

9. REQUESTING OFFICER

SIGNATURE: [signature]
MARGE OROSTEPHAN, WE/PT

ROOM NO. & BUILDING: 4 B 4404
EXT.: 7157

10. COMMENTS

259 forwarded at request of Joe Cline. QUALIFIED FOR PROPOSED O S PCS

JOE W. CLINE

11. REPORT OF EVALUATION

DATE: 3 22 65

SIGNATURE FOR CHIEF OF MEDICAL STAFF

FORM 10-59 259 USE PREVIOUS EDITIONS.

SECRET

(26)

14-00000

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION

1. DATE OF REQUEST: 17 March 1965

2. NAME (Last, First, Middle): Dependents of HARVEY, William K.

3. POSITION TITLE: COS

4. GRADE: GS-18

5. OFFICE, DIVISION, BRANCH: WE DIVISION

6. EMPLOYEE'S EXT.: 7157

7. PURPOSE OF EVALUATION

- [ ] PRE-EMPLOYMENT
- [ ] ENTRANCE ON DUTY
- [ ] TDY STANDBY
- [ ] SPECIAL TRAINING
- [ ] ANNUAL
- [ ] RETURN TO DUTY
- [ ] FITNESS FOR DUTY
- [ ] MEDICAL RETIREMENT

Dependents:

Wife: Clara G.
Dau : Sally J., 10 Aug 58

- [ ] HDQS/TDY
- [XX] OVERSEAS ASSIGNMENT

ETD: 10 March 1965
STATION: Rome
TDY OR PCS: PCS
TYPE OF COVER: Integree
NO. OF DEPENDENTS TO ACCOMPANY: 2
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED: 0

- [ ] RETURN FROM OVERSEAS

ETA:
STATION:
NO. OF DEP.'S:

8. OVERSEAS PLANNING EVALUATION (One block must be checked)

- [XX] YES
- [ ] NO

9. REQUESTING OFFICER

SIGNATURE: [signature]
MARGE GRISTEPHAN, WE/PT

ROOM NO. & BUILDING: 4 E 4404

EXT.: 7157

10. COMMENTS

259 forwarded at request of Joe Cline.

QUALIFIED FOR PROPOSED O S
PCS
JOE W. CLINE

11. REPORT OF EVALUATION

DATE

SIGNATURE FOR CHIEF OF MEDICAL STAFF

FORM 10-59 259 USE PREVIOUS EDITIONS. 3 22 65 SECRET (26)

14-00000

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION

1. DATE OF REQUEST	16 May 1963
2. NAME (Last, First, Middle)	William K. Harvey
3. POSITION TITLE	Chief of Station
4. GRADE	GS-18
5. OFFICE, DIVISION, BRANCH	WE Division
6. EMPLOYEE'S EXT.	

7. PURPOSE OF EVALUATION

- [ ] PRE-EMPLOYMENT
- [ ] ENTRANCE ON DUTY
- [ ] TDY-STANDBY
- [ ] SPECIAL TRAINING
- [ ] ANNUAL
- [ ] RETURN TO DUTY
- [ ] FITNESS FOR DUTY
- [ ] MEDICAL RETIREMENT
- [ ] HDQS/TDY
- [X] OVERSEAS ASSIGNMENT

ETD	o/a 1 July 1963
STATION	Rome
TDY OR PCS	PCS
TYPE OF COVER	Integree
NO. OF DEPENDENTS TO ACCOMPANY	3
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	0

- [ ] RETURN FROM OVERSEAS

ETA	
STATION	
NO. OF DEP.'S	

8. OVERSEAS PLANNING EVALUATION (One block must be checked)

- [X] YES
- [ ] NO

9. REQUESTING OFFICER

SIGNATURE	MARGE GROSTEPHAN
ROOM NO. & BUILDING	4 B 4404
EXT.	7157

10. COMMENTS

Request evaluation for above PCS.

11. REPORT OF EVALUATION

DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF

FORM 10-59 259 USE PREVIOUS EDITIONS. SECRET 128

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION

1. DATE OF REQUEST: 16 May 1963

2. NAME (Last, First, Middle): Dependents of William K. Harvey

3. POSITION TITLE: Chief of Station

4. GRADE: GS-18

5. OFFICE, DIVISION, BRANCH: WE Division

6. EMPLOYEE'S EXT.: 5356

7. PURPOSE OF EVALUATION

- [ ] PRE-EMPLOYMENT
- [ ] ENTRANCE ON DUTY
- [ ] TDY STANDBY
- [ ] SPECIAL TRAINING
- [ ] ANNUAL
- [ ] RETURN TO DUTY
- [ ] FITNESS FOR DUTY
- [ ] MEDICAL RETIREMENT
- [ ] HDQS/TDY
- [XX] OVERSEAS ASSIGNMENT

ETD	o/a 1 July 1963
STATION	Rome
TDY OR PCS	PCS
TYPE OF COVER	Integree
NO. OF DEPENDENTS TO ACCOMPANY	3
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	0

- [ ] RETURN FROM OVERSEAS

ETA	
STATION	
NO. OF DEP.'S	

8. OVERSEAS PLANNING EVALUATION (One block must be checked)

- [X] YES
- [ ] NO

9. REQUESTING OFFICER

SIGNATURE: Marge Grostephan
MARGE GROSTEPHAN

ROOM NO. & BUILDING: 4 B 4404

EXT.: 7157

10. COMMENTS

89's on file in medical office - per telephone conversation 16 May 63

11. REPORT OF EVALUATION

QUALIFIED FOR [illegible] ASSIGNMENT

DATE: JUN 1963

SIGNATURE FOR CHIEF OF MEDICAL STAFF: [signature]

FORM 259 USE PREVIOUS EDITIONS. SECRET (26)

14-00000

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION

1. DATE OF REQUEST	25 January 1962
2. NAME (Last, First, Middle)	HARVEY, WILLIAM K.
3. POSITION TITLE	Chief
4. GRADE	GS-18
5. OFFICE, DIVISION, BRANCH	FI/Division D
6. EMPLOYEE'S EXT.	8471

7. PURPOSE OF EVALUATION

[ ] PRE-EMPLOYMENT

[ ] ENTRANCE ON DUTY

XXXXXXXXXXXXXXXX

[XXX] TDY STANDBY

[ ] SPECIAL TRAINING

[ ] ANNUAL

[ ] RETURN TO DUTY

[ ] FITNESS FOR DUTY

[ ] MEDICAL RETIREMENT

[ ] HDQS/TDY

[XXX] OVERSEAS ASSIGNMENT

ETD	28 January 1962
STATION	Panama City, Panama
TDY OR PCS	TDY
TYPE OF COVER	Official State Department
NO. OF DEPENDENTS TO ACCOMPANY	NONE
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	

[ ] RETURN FROM OVERSEAS

ETA	
STATION	
NO. OF DEP'S	

8. OVERSEAS PLANNING EVALUATION (One block must be checked)

[XX] YES

[ ] NO

9. REQUESTING OFFICER

SIGNATURE: [signature]

ROOM NO. & BUILDING: 1505 - L Building

EXT.: 4464

10. ~~[illegible]~~ COMMENTS

11. REPORT OF EVALUATION

[illegible]

DATE: [illegible] 1962

SIGNATURE FOR CHIEF OF MEDICAL STAFF: [signature]

FORM 10 259 USE PREVIOUS EDITIONS.

SECRET

(26)

14-00000

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION

1. DATE OF REQUEST: 20 October 1960

2. NAME (Last, First, Middle): Harvey, William K.

3. POSITION TITLE: Division Chief

4. GRADE: GS-18

5. OFFICE, DIVISION, BRANCH: FI Staff, Division D

6. EMPLOYEE'S EXT.: 8471

7. PURPOSE OF EVALUATION

- [ ] PRE-EMPLOYMENT
- [ ] ENTRANCE ON DUTY
- [ ] OVERSEAS RETURN
- [ ] TDY STANDBY
- [ ] SPECIAL TRAINING
- [ ] ANNUAL
- [ ] RETURN TO DUTY
- [ ] FITNESS FOR DUTY
- [ ] MEDICAL RETIREMENT
- [XX] OVERSEAS ASSIGNMENT

ETD	28 October 1960
STATION	Germany and Switzerland
TDY OR PCS	TDY
TYPE OF COVER	State Integree
NO. OF DEPENDENTS TO ACCOMPANY	none
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	

8. OVERSEAS PLANNING EVALUATION (One block must be checked)

- [XXX] YES
- [ ] NO

9. REQUESTING OFFICER

SIGNATURE: [signature] G.A. Kennedy, Jr.

ROOM NO. & BUILDING: 1505 L

EXT.: 4464

10. REPORT OF EVALUATION

Subject departed on another TDY prior to evaluation. However is Qualified for proposed TDY.

DATE: 2 NOV 1960

SIGNATURE FOR CHIEF OF MEDICAL STAFF: [signature]

FORM 10-59 259 USE PREVIOUS EDITIONS.

SECRET

(26)

SECRET
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT

I. REQUEST FOR PHYSICAL EXAMINATION BY G.A. KENNEDY, FI/D ADMIN

1. NAME (Last) (First) (Middle)		2. DATE
HARVEY, William K.		9 April 1960
3. TO POSITION	4. OFFICE, DIVISION, BRANCH FI/Division D	5. GRADE GS-18

6. TYPE OF POSITION
- [XXX] Departmental
- [ ] U.S. Field
- [ ] Overseas

7. EVALUATE FOR
- [ ] EOD
- [XXX] Overseas TDY
- [ ] Returnee
- [ ] Pre-Employment
- [ ] Annual
- [ ] Special (Specify)

II REPORT OF MEDICAL EVALUATION
- [ ] Qualified for Full Duty (General)
- [ ] Qualified for Departmental Duty Only
- [ ] Qualified for Full Duty (Special)
- [ ] Disqualified

Remarks:

QUALIFIED FOR DEPARTMENTAL DUTIES
AND PROPOSED TDY O/S ASSIGNMENT

14 JUN 1960

Roland

MEDICAL OFFICE

SECRET

14-00000

SECRET
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT

I REQUEST FOR PHYSICAL EXAMINATION BY

1. NAME (Last)	(First)	(Middle)	2. DATE
HARVEY	William	K.	~~Sep~~ Oct 1957

3. TO POSITION	4. OFFICE, DIVISION, BRANCH	5. GRADE
Germany	DDP/EE/	GS-16

6. TYPE OF POSITION
- [ ] Departmental
- [ ] U.S. Field
- [x] Overseas PCS

7. EVALUATE FOR
- [ ] EOD
- [x] Overseas PCS
- [ ] Returnee
- [ ] Pre-Employment
- [ ] Annual
- [ ] Special (Specify)

Second tour.

II REPORT OF MEDICAL EVALUATION
- [ ] Qualified for Full Duty (General)
- [ ] Qualified for Departmental Duty Only
- [ ] Qualified for Full Duty (Special)
- [ ] Disqualified

Remarks: Please notify Corinne L. Hassell, x3041, of results.

QUALIFIED FOR PROPOSED PCS O/S ASSIGNMENT OCT 9 1957

[signature]

MEDICAL OFFICER

SECRET

14-00000

..EPORT OF PHYSICAL QUALIFICATIONS

NAME	DATE
Harvey, William King #1	8/21/52

FOR VOUCHERED EMPLOYEE ONLY

NATURE OF ACTION	TITLE OF POSITION
GRADE	[ ] DEPT. [ ] FIELD

SUBJECT FOUND [ ] FIT [ ] UNFIT FOR DUTY IN THE ABOVE GRADE AND POSITION.

FOR UNVOUCHERED EMPLOYEE ONLY FI

SUBJECT QUALIFIED FOR:

[ ] FULL DUTY OVERSEAS [X] LIMITED DUTY OVERSEAS [ ] DUTY IN USA ONLY

PROFILE SERIAL (MILITARY ONLY) [ ] [ ] [ ] [ ] [ ] [ ]

DEFECTS NOTED AND/OR RECOMMENDATIONS:

Non-arduous O.K. for TDY
O/S where medical
facilities are
available.

[signature]

PHYSICAL REQUIREMENTS OFFICER

FORM NO. 37-32 REPLACES PREVIOUS EDITIONS OF FORMS 37-32 AND 37-57, WHICH MAY BE USED. (28)
NOV 1951

14-00000

OSO

REPOR[illegible] PHYSICAL QUALIFICATIONS [illegible] DUTY

31 Jan 51 194

Harvey, William K. WAS GIVEN A PHYSICAL

EXAMINATION ON THIS DATE AND FOUND QUALIFIED FOR

#1 Overseas

[ ] FULL DUTY OVERSEAS [ ] LIMITED DUTY OVERSEAS [ ] DUTY IN USA ONLY

PROFILE SERIAL (FOR ARMY EM ONLY) [ ] [ ] [ ] [ ] [ ] [ ]

DEFECTS NOTED:

Approved for TDY. To report to Medical after TDY

JOHN R. TIETJEN, M.D.

FORM NO. 37-32
DEC 1948

14-00000

PHYSICAL QUALIFICATION RECORD

NAME HARVEY, WILLIAM K.	NATURE OF ACTION E.O.D.
TITLE OF POSITION Intelligence Officer	GRADE P-7
DEPARTMENT OR FIELD Departmental	

Subject was found physically [XXX] fit [ ] unfit for duty with this organization in the above grade and position. 10 May 1948

RECOMMENDATIONS:

2 February 1949
DATE

SIGNATURE OF PHYSICAL REQUIREMENTS OFFICER

FORM NO. 38-57
NOV 1948

CENTRAL INTELLIGENCE AGENCY
WASHINGTON 25, D. C.

REPORT OF PHYSICAL QUALIFICATIONS FOR DUTY

15 December 194 8

Harvey, William CTO WAS GIVEN A PHYSICAL

EXAMINATION ON THIS DATE AND FOUND QUALIFIED FOR

#1
[x] FULL DUTY OVERSEAS [ ] LIMITED DUTY OVERSEAS [ ] DUTY IN USA ONLY

PROFILE SERIAL (FOR ARMY EM ONLY) [ ] [ ] [ ] [ ] [ ] [ ]

DEFECTS NOTED: None

John R. [illegible]
Capt., MC

FORM NO. 37-32
NOV 1947

(1053)

14-00000

7.2l

CENTRAL INTELLIGENCE GROUP
WASHINGTON 25, D. C.

REPORT OF PHYSICAL QUALIFICATIONS FOR DUTY

~~[illegible]~~ 194__

[illegible] WAS GIVEN A PHYSICAL

EXAMINATION ON THIS DATE AND FOUND QUALIFIED FOR
[illegible]

[XXX] FULL DUTY OVERSEAS [ ] LIMITED DUTY OVERSEAS [ ] DUTY IN USA ONLY

PROFILE SERIAL (FOR ARMY EM ONLY) [ ] [ ] [ ] [ ] [ ] [ ]

DEFECTS NOTED:

None

John R. [illegible] (signature)

FORM NO. 37-32
JAN 1947

JOHN R. [illegible], CAPT MC

(1853)

Standard Form 57 - June 1946
U. S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYMENT

Form approved. Budget Bureau No. 50-R046.

INSTRUCTIONS.—Answer every question [illegible] Typewrite or print in INK. If you are applying for a specific United States Civil Service examination, read the examination announcement carefully and file with the office named in the announcement. Be sure to mail to the office all other forms required by the announcement. Notify the office with which you file this application of any change in your address.

1. Name of examination, or kind of position applied for:
2. Optional subject (if mentioned in examination announcement):
3. Place of employment applied for: C.I.O.
4. (Mr., Mrs., Miss) (First name) (Middle) (Maiden, if any) (Last): William King Harvey
5. Street and number or R. D. number: 2627 39th Street N.W.
City or post office (including postal zone) and State: Washington, D. C.
6. Legal or voting residence (State): Kentucky — 7. Office phone No. — Home phone: OR 2914
8. Place of birth (city and State; if born outside U. S. name city and country): Danville, Indiana
9. Date of birth (month, day, year): 9/13/15 — 10. Age last birthday: 31 — 11. [X] Male [ ] Female
12. [X] Married [ ] Single — 13. Height without shoes: 5 feet 11 inches — Weight: 185 pounds
14. Have you ever been employed by the Federal Government? [X] Yes [ ] No
If now employed by the Federal Government, give present grade and date of last change in grade:

DO NOT WRITE IN THIS BLOCK
For Use of Civil Service Commission Only

[ ] Approved / [ ] Disapproved	Material [ ] Submitted [ ] Returned	Entered register
Notations:	App. Review: Approved	

OPTION	GRADE	EARNED RATING	PREFERENCE	AUGM. RATING
			[ ] 5 points (tent.)	
			[ ] 10 points	
			[ ] Wife or Widow	
			[ ] Disal.	
			[ ] Being investigated	
INITIALS AND DATE				

Indicate "Yes" or "No" answer by placing X in proper column	YES	NO
15. (a) Would you accept short term appointment, if offered, for— 1 to 3 months?		X
3 to 6 months?		X
6 to 12 months?		X
(b) Would you accept appointment, if offered— in Washington, D. C.?	X	
anywhere in the United States?	X	
outside the United States?	X	

15. (c) If you will accept appointment in certain locations ONLY, give acceptable locations:

(d) What is the lowest entrance salary you will accept per year: CAF 13 P 6
You will not be considered for positions paying less.

(e) If you are willing to travel, specify: [ ] Occasionally [X] Frequently [ ] Constantly

16. EXPERIENCE.—You are requested to furnish all information asked for below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to determine your qualifications for the position for which you are applying. In the spaces provided below describe EVERY position you have held. Use a separate block for EACH position. You may also include any pertinent religious, civic, welfare or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Start with your PRESENT position and work back, accounting for all periods of unemployment. Explain clearly the principal tasks which you performed in each position. Describe your experience in the Armed Services in question 17 (Military Experience).
(a) If you were ever employed in any position under a name different from that shown in Item 4 of this application, give under "Description of your work" for each position, the name used.
(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

PRESENT POSITION

Dates of employment (Month, year) From: To present time
Place of employment (city and State):
Name and address of employer (firm, organization, or person) If Federal, name department, bureau or establishment and division:
Kind of business or organization (e. g., wholesale silk, insurance agency, mfr. of locks, etc.):
Number and kind of employees supervised by you:
Name and title of immediate supervisor:
Reason for desiring to change employment:
Exact title of your present position:
Salary or earnings: Starting, $ per — Present, $ per
Description of your work:

(CONTINUED ON NEXT PAGE)

16—47538-2

From 12/9/40 To 8/22/47 Place of employment: Washington, D. C. N.Y., N.Y., Pittsburgh, Pa., Name and address of employer: FBI - Dept. of Justice Kind of business or organization: Law Enforcement-counter Intelligence Number and kind of employees supervised by you: various Name and title of immediate supervisor: D. M. Ladd Reason for leaving: voluntary	Exact title of your position: Special Agent & Supervisor Salary or earnings: Starting $3200 per annum; Final $7000 per annum Description of your work: Supervision of Counter-Intelligence operation
From 9/37 To 12/40 Place of employment (city and State): Maysville, Ky Name and address of employer (firm, organization, or person) If Federal, name department, bureau or establishment, and division: Self Kind of business or organization (e.g., wholesale silk, insurance agency, etc.): Practice of Law Number and kind of employees supervised by you: Name and title of immediate supervisor: None Reason for leaving: Voluntary	Exact title of your position: Attorney-at-law Salary or earnings: Starting $ per; Final $ per Description of your work: General Practice of Law
From 6/31 To 9/33 Place of employment (city and State): Dansville, Indiana Name and address of employer (firm, organization, or person) If Federal, name department, bureau or establishment, and division: Danville Gazette Danville, Indiana Kind of business or organization: Newspaper Number and kind of employees supervised by you: None Name and title of immediate supervisor: Alvin Hall, Editor Reason for leaving: Voluntary	Exact title of your position: Reporter & Printer Salary or earnings: Starting $ per; Final $ per Description of your work: General Newspaper Publishing business
From To Place of employment (city and State) Name and address of employer (firm, organization, or person) If Federal, name department, bureau or establishment, and division: Kind of business or organization (e.g., wholesale silk, insurance agency, manufacturer, etc.): Number and kind of employees supervised by you Name and title of immediate supervisor: Reason for leaving:	Exact title of your position: Salary or earnings: Starting $ per; Final $ per Description of your work:

If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

16—47756 1

14-00000

17. MILITARY EDUCATION: In order to make the most effective use of ... special or technical schools while in the service, write in item (a) "No attendance ... schools" and indicate in item (c) all ... duty assignment, showing dates of such assignments.

(a) First Special Service School attended: NONE

(b) What were you taught in first Special Service School?

Location:

Dates attended (months, years):

From: To:

Rating received at end of this training:

(c) Duty assignment or rating after this training (give all important changes in duty assignment whether or not you attended a Service School):

(d) What did you do during this duty assignment?

Dates of duty assignment (months, years):

From: To:

(e) Second Special Service School attended:

(f) What were you taught in Second special service school?

Location:

Dates attended (months, years):

From: To:

Rating received at end of this training:

(g) Duty assignment after this training:

(h) What did you do during this duty assignment?

Dates of duty assignment (months, years):

From: To:

List on a separate sheet of paper any additional experience, training, service, or special duty assignments during military service or hospitalization.

18. EDUCATION.—Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

(a) Name and location of last high school attended: Wiley High School Terre Haute, Indiana

Mark (x) the appropriate box to indicate satisfactory completion of:

☐ Elementary School ☐ Junior High School ☒ Senior High School

(b) Date you graduated in high school which apply to position desired:

(c) Name and Location of College or University	Major	Dates Attended From	Dates Attended To	Years Completed Day	Years Completed Night	Degrees Conferred Title	Degrees Conferred Date	Semester Hours Credit
Indiana University Bloomington, Indiana	LAW	1933	1937	6		LLB	9/37	180

(d) List Your Chief Undergraduate College Subjects	Semester Hours	List Your Chief Graduate College Subjects	Semester Hours
Journalism	20	Law	95
Phil & Psych	20		

(e) Other training, such as vocational, business, study courses given through the Armed Forces Institute (show name and location of school), or "in-service training" in a Federal agency:

Subjects Studied	Dates Attended From—	Dates Attended To—	Years Completed Day	Years Completed Night

19. Indicate your knowledge of foreign languages.

Language	Reading Exc.	Reading Good	Reading Fair	Speaking Exc.	Speaking Good	Speaking Fair	Understanding Exc.	Understanding Good	Understanding Fair
German			x						

(a) How was your knowledge of foreign languages acquired? Study

(b) If you have traveled or resided in any foreign countries, indicate (1) names of countries, (2) dates and length of time spent there and (3) reason or purpose (e.g., business, education, recreation).

20. List any special skills you possess and machines and equipment you can use, such as operation of short-wave radio, multilith, comptometer, key punch, turret lathe, scientific or professional devices:

Approximate number of words per minute in typing 50 shorthand ....

21. Are you now or have you ever been a licensed or certified member of any trade or profession, such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.?

☒ Yes ☐ No Give kind of license and State Attorney

First license or certificate (year) '37 at Law - Ind. & Ky

Latest license or certificate (year) '47

22. Give any special qualifications not covered elsewhere in your application such as: (a) your more important publications (do NOT submit copies unless requested) (b) your patents or inventions (c) public speaking and public relations experience (d) membership in professional or scientific societies, etc.

16—67790-8

14-00000

23. REFERENCES.—List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).

FULL NAME	BUSINESS OR HOME ADDRESS (Give complete address including street and number)	BUSINESS OR OCCUPATION
1. B. F. Small	Sycamore Bldg-Terre Haute, Indiana	Atty
2. E. L. Zeigler	Cochran Bldg., Maysville, Ky.	Atty
3. A. M. Thurston	C.I.G.- Washington, D. C.	

24. May inquiry be made of your present employer regarding your character, qualifications, etc.? ☐ Yes ☐ No

Indicate "Yes" or "No" answer by placing X in proper column.	YES	NO
25. Are you a citizen of the United States?	X	
26. Do you advocate or have you ever advocated, or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence? If your answer is "Yes," give complete details in Item 38.		X
27. Within the past 12 months, have you habitually used intoxicating beverages to excess?		X
28. Since your 16th birthday, have you ever been convicted, or fined, or imprisoned, or placed on probation, or have you ever been ordered to deposit bail for the violation of any law, police regulation or ordinance (excluding minor traffic violations for which a fine of $25 or less was imposed)? If your answer is "Yes" list all such cases under Item 38 below. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed your fingerprints will be taken.		X
29. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position? If your answer is "Yes" give in Item 38 the name and address of employer, date, and reason in each case.		X
30. Do you receive an annuity from the U. S. or D.C. Government under any retirement act or any pension or other compensation for military or naval service? If your answer is "Yes," give in Item 38 reason for retirement, that is, age, optional, disability, or by reason of voluntary or involuntary separation after 5 years' service, amount of retirement pay, and under what retirement act, and rating if retired from military or naval service.		X
31. Are you an official or employee of any State, Territory, county, or municipality? If your answer is "Yes" give details in Item 38.		X
32. Does the U. S. Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 6 months? If your answer is "Yes" show in Item 38 for EACH such relative: (1) full name, (2) present address, (3) relationship, (4) department or agency by whom employed, and (5) kind of appointment.		X
33. Have you ever had a nervous breakdown? If your answer is "Yes" give complete details in Item 38.		X
34. Have you ever had tuberculosis? If your answer is "Yes," give complete details in Item 38.		X

Indicate "Yes" or "No" answer by placing X in proper column.	YES	NO
35. Have you any physical defect or disability whatsoever? If your answer is "Yes" give complete details in Item 38.		X
36. (a) Were you ever in the United States Military or Naval Service during time of War?		X
(b) Is the word "honorable" or the word "satisfactory" used in your discharge or separation papers to show the type of your discharge or separation?		
(c) Was service performed on an active full time basis, with full military pay and allowances?		

(d)

Date of entry or entries into service:	Date of separation or separations:
Branch of service (Army, Navy, M. C., C. G., etc.)	Serial No. (If none, give grade or rating at time of separation.)

IF YOUR ANSWERS TO THIS QUESTION (No. 36) INDICATE THAT YOU ARE ENTITLED TO VETERAN PREFERENCE, SUCH PREFERENCE WILL BE CREDITED IN THE EXAMINATION. IF APPOINTED, YOU WILL BE REQUIRED TO FURNISH TO THE APPOINTING OFFICER PRIOR TO ENTRY ON DUTY, OFFICIAL EVIDENCE OF SEPARATION FROM YOUR LATEST PERIOD OF ACTIVE SERVICE IN THE ARMED FORCES OF THE UNITED STATES DURING TIME OF WAR. DO NOT SUBMIT PROOF OF DISCHARGE OR SEPARATION WITH THIS APPLICATION.

Indicate "Yes" or "No" answer by placing X in proper column.	YES	NO
37. (a) If you served in the U. S. Military or Naval Service during peacetime ONLY, did you participate in a campaign or expedition and receive a campaign badge or service ribbon?		
(b) Are you a disabled veteran?		X
(c) Are you the unmarried widow of a veteran?		X
(d) Are you the wife of a veteran who has service-connected disability?		X

IF YOUR ANSWER TO QUESTION 37 (a), (b), (c), OR (d) IS "YES" AND YOU WISH TO CLAIM VETERAN PREFERENCE, ATTACH TO THIS APPLICATION VETERAN PREFERENCE CLAIM (CIVIL SERVICE COMMISSION FORM 14) TOGETHER WITH THE NECESSARY PROOF SPECIFIED THEREIN.

THIS SPACE FOR USE OF APPOINTING OFFICE ONLY

The information contained in the answers to Question 36 above has been verified by comparison with the discharge certificate on .... 19....

....
Agency Title

38. Space for detailed answers to other questions (indicate item numbers to which answers apply).

ITEM No.		ITEM No.	

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

FALSE STATEMENT ON THIS APPLICATION IS PUNISHABLE BY LAW (U. S. CODE, TITLE 18, SECTION 80)

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Date ....

Signature of applicant ....
(Sign your name in INK (one given name, initial, and surname). If female, prefix Miss or Mrs. and if married use your own given name and ...)

GPO 16-17213-4

14-00000

PERSONAL HISTORY STATEMENT

INSTRUCTIONS: ANSWER ALL QUESTIONS COMPLETELY. IF QUESTION DOES NOT APPLY WRITE "NOT APPLICABLE". WRITE "UNKNOWN" ONLY IF YOU DO NOT KNOW THE ANSWER AND CANNOT OBTAIN THE ANSWER FROM PERSONAL RECORDS. USE A SEPARATE SHEET OF PAPER FOR EXTRA DETAILS ON ANY QUESTION OR QUESTIONS FOR WHICH YOU DO NOT HAVE SUFFICIENT ROOM. ATTACH TWO RECENT PASSPORT SIZE PICTURES TO THIS FORM. DATE TAKEN WRITTEN ON THE BACK OF EACH. TYPE, PRINT OR WRITE CAREFULLY; ILLEGIBLE OR INCOMPLETE FORMS WILL NOT RECEIVE CONSIDERATION.

HAVE YOU READ AND UNDERSTOOD THE ABOVE INSTRUCTIONS? YES [x] NO [ ]

SECTION 1. PERSONAL BACKGROUND

NAME: MR. [x] MISS [ ] MRS. [ ] — FIRST: William — MIDDLE: King — LAST: Harvey — TELEPHONE: OR 2914

PRESENT ADDRESS — STREET AND NUMBER: 2627 39th Street N.W. — CITY: Washington, D. C. — STATE: — COUNTRY: U.S.A.

LEGAL RESIDENCE — STREET AND NUMBER: Maysville — CITY: Kentucky — STATE: — COUNTRY: U.S.A.

NICKNAMES: None — OTHER NAMES THAT YOU HAVE USED: None

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? None — HOW LONG? None

IF LEGAL CHANGE, GIVE PARTICULARS (WHERE, WHEN AND BY WHAT AUTHORITY): None

DATE OF BIRTH: 9/13/15 — PLACE OF BIRTH — CITY: Danville, — STATE: Indiana — COUNTRY: U.S.A.

PRESENT CITIZENSHIP: US — ACQUIRED BY: BIRTH [x] MARRIAGE [ ] NATURALIZATION [ ]

NATURALIZATION CERTIFICATE — NUMBER: — DATE ISSUED: — NAME OF COURT:

LOCATION OF COURT — CITY: — STATE: — COUNTRY:

PREVIOUS CITIZENSHIP: None — DATE HELD FROM: — TO:

OTHER CITIZENSHIPS (GIVE PARTICULARS): None

STEPS TAKEN TO CHANGE PRESENT NATIONALITY (GIVE PARTICULARS): None

LAST U.S. PASSPORT — NUMBER: None — DATE: - — PLACE OF ISSUE: -

ALL OTHER U.S. PASSPORTS YOU HAVE HAD (GIVE APPROXIMATE DATES): None

PASSPORTS OF OTHER NATIONS: None

IF BORN OUTSIDE U.S. — DATE OF ARRIVAL IN THIS COUNTRY: - — PORT OF ENTRY: - — PASSPORT OF COUNTRY: -

LAST U.S. VISA — NUMBER: - — TYPE: - — DATE: - — PLACE OF ISSUE: -

SECTION 2. PHYSICAL DESCRIPTION

AGE	SEX	HEIGHT	WEIGHT	EYES	HAIR
31	M	5'	185	Green	Blonde

COMPLEXION: Fair — SCARS: Triangular scar rt. cheek — BUILD: Medium stocky

OTHER DISTINGUISHING FEATURES: mustache

SECTION 3. MARITAL STATUS

MARRIED [X] WIDOWED [ ] SINGLE [ ] DIVORCED [ ] SEPARATED [ ]	DATE OF SEPARATION OR DIVORCE -	PLACE -

REASON FOR SEPARATION OR DIVORCE -

NOTE: IF YOU HAVE BEEN MARRIED MORE THAN ONCE USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND AND GIVE DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.

NAME OF WIFE OR HUSBAND	FIRST: Elizabeth Howe; MIDDLE (FOR WIFE, MAIDEN): McIntire; LAST: Harvey	DATE OF MARRIAGE: 4/4/34
PLACE OF MARRIAGE: Bloomington, Indiana	(HIS OR HER) ADDRESS BEFORE MARRIAGE: Flemingsburg, Kentucky	COUNTRY: U.S.A.
LIVING [X] DECEASED [ ]	DATE OF DECEASE -	CAUSE -
PRESENT OR LAST ADDRESS	2627 39th Street N.W. Washington, D. C.	COUNTRY: U.S.A.
DATE OF BIRTH: 2/3/16	PLACE OF BIRTH: Flemingsburg, Kentucky	COUNTRY: U.S.A.
CITIZENSHIP: USA	DATE ACQUIRED: Birth	WHERE ACQUIRED: CITY / STATE - / COUNTRY -
OCCUPATION: Housewife	LAST EMPLOYER: War Department - MDW - 1942-'44	
EMPLOYER'S OR OWN BUSINESS ADDRESS	STREET AND NUMBER: Pentagon Bldg; CITY: Washington D. C.	COUNTRY: USA
DATE OF MILITARY SERVICE	FROM: - TO: -	BRANCH OF SERVICE - COUNTRY -

OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)
See above, War Dept., MDW - Washington, D. C. 1942-1944

SECTION 4. CHILDREN OR DEPENDENTS (INCLUDE PARTIAL DEPENDENTS) NONE

NAME	RELATIONSHIP	AGE

CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY

NAME	RELATIONSHIP	AGE

CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
	NONE			

NAME	RELATIONSHIP	AGE

CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY

SECTION 5. PARENTS

NOTE: FOR STEPFATHER, STEPMOTHER AND/OR GUARDIAN, GIVE THE SAME INFORMATION AS REQUIRED BELOW ON SEPARATE SHEET

NAME OF FATHER	FIRST: Drenon; MIDDLE: R. (only); LAST: Harvey	LIVING [ ] DECEASED [X]
DATE OF DECEASE: 7/25/16	CAUSE: Spinal Meningitis	
PRESENT OR LAST ADDRESS	STREET AND NUMBER: S. Tennessee St.; CITY: Danville, STATE: Indiana	COUNTRY: U.S.A.
DATE OF BIRTH: 1888	PLACE OF BIRTH: Danville; STATE: Indiana	COUNTRY: U.S.A.
CITIZENSHIP: USA	DATE ACQUIRED: Birth	WHERE ACQUIRED: CITY / STATE - / COUNTRY
OCCUPATION: Attorney	LAST EMPLOYER: Self	
EMPLOYER'S OR OWN BUSINESS ADDRESS	STREET AND NUMBER: Danville; CITY: Indiana	COUNTRY: U.S.A.

SECTION 5. PARENTS (CONTINUED)

SECTION 5. PARENTS (CONTINUED FROM PAGE 2)

DATE OF MILITARY SERVICE	FROM:	TO:	BRANCH OR SERVICE	COUNTRY
	None	-	-	-

OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)
None

NAME OF MOTHER	FIRST	MAIDEN	LAST	LIVING / DECEASED
Sara	Jewel	King	Harvey	LIVING [X] DECEASED [ ]

DATE OF DECEASE	CAUSE
-	-

PRESENT OR LAST ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY
	607½ South Center Street	Terre Haute,	Indiana	U.S.A.

DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY
1890		Danville	Indiana	U.S.A.

CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY
USA	Birth			-	

OCCUPATION	LAST EMPLOYER
Professor	Indiana State Teachers College

EMPLOYER'S OR OWN BUSINESS ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY
	Terre Haute,		Indiana	U.S.A.

GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)
None

SECTION 6. BROTHERS AND SISTERS (INCLUDING HALF-, STEP- AND ADOPTED BROTHERS AND SISTERS)

NAME	FIRST	MIDDLE	LAST
	None		

PRESENT ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY

NAME	FIRST	MIDDLE	LAST
		None	

PRESENT ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY

NAME	FIRST	MIDDLE	LAST

PRESENT ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY

SECTION 7. PARENTS-IN-LAW

NAME OF FATHER-IN-LAW	FIRST	MIDDLE	LAST	LIVING / DECEASED
	James	Marvin	McIntire, Sr.	LIVING [X] DECEASED [ ]

DATE OF DECEASE	CAUSE
-	-

PRESENT OR LAST ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY
	480 Mt. Carmel Avenue	Flemingsburg,	Kentucky	USA

DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY
1880		Fleming County,	Kentucky	usa

CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY
USA	Birth			-	

OCCUPATION	LAST EMPLOYER
Attorney	Self

NAME OF MOTHER-IN-LAW	FIRST	MAIDEN	LAST	LIVING / DECEASED
	Nannie	Ross	McIntire	LIVING [ ] DECEASED [X]

DATE OF DECEASE	CAUSE
1942	Arteris-scleroscis

PRESENT OR LAST ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY
	480 Mt. Carmel Avenue	Flemingsburg,	Kentucky	USA

DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY
1886		Fleming County,	Kentucky	USA

CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY
USA	Birth			-	

OCCUPATION	LAST EMPLOYER
Housewife	-

SECTION 8. RELATIVES

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO LIVE ABROAD, ARE UNDER THE INFLUENCE OF A FOREIGN POWER, ARE NOT CITIZENS OF THE UNITED STATES, OR ARE MARRIED TO NON-CITIZENS.

NAME	RELATIONSHIP	AGE
NONE		

CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY

REASON FOR LISTING UNDER THIS QUESTION

NAME	RELATIONSHIP	AGE
NONE		

CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY

REASON FOR LISTING UNDER THIS QUESTION
NONE

NAME	RELATIONSHIP	AGE

CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY

REASON FOR LISTING UNDER THIS QUESTION

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD OR MARRIAGE, IN MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE (UNITED STATES OR FOREIGN)

NAME	RELATIONSHIP	AGE
Dwight Harvey	Cousin	45 approx.

CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
USA-Birth	Not known to me as present			

TYPE AND LOCATION OF SERVICE (IF KNOWN)
Colonel - U.S. Army

NAME	RELATIONSHIP	AGE

CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY

TYPE AND LOCATION OF SERVICE (IF KNOWN)

NAME	RELATIONSHIP	AGE

CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY

TYPE AND LOCATION OF SERVICE (IF KNOWN)

SECTION 9. EDUCATION

SCHOOL	ADDRESS	CITY	STATE	COUNTRY
Public Schools	Danville, Indiana Terre Haute, Indiana			USA

DATES ATTENDED	FROM	TO	DEGREE
	1921	1928	8 yrs. Elementary Credit

SCHOOL	ADDRESS	CITY	STATE	COUNTRY
Wiley High School	Terre Haute, Indiana			USA

DATES ATTENDED	FROM	TO	DEGREE
	1928	1931	H.S. Diploma

COLLEGE	ADDRESS	CITY	STATE	COUNTRY
Indiana University	Bloomington Indiana			USA

DATES ATTENDED	FROM	TO	DEGREE
	1933	1937	LLB with Distinction (2 yrs. credit)

COLLEGE	ADDRESS	CITY	STATE	COUNTRY
-	-			

DATES ATTENDED	FROM	TO	DEGREE
	-	-	-

SECTION 10. SELECTIVE SERVICE STATUS (CONTINUED TO PAGE 5)

SECTION 10. SELECTIVE SERVICE STATUS

CLASSIFICATION	ORDER NUMBER	APPROXIMATE INDUCTION DATE	BOARD NUMBER
II-A- IV-A	1194	None	K 113

ADDRESS OF BOARD	STREET AND NUMBER	CITY	STATE
Maysville, Mason County,		Kentucky	USA

IF DEFERRED, STATE REASON: Yes, 1940-1947 Special Agent- FBI- US Dept of Justice

SECTION 11. MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE - UNITED STATES OR FOREIGN

COUNTRY	SERVICE	SERVICE DATES FROM:	TO:
USA	FBI-US D of J	12/9/40	8/22/47

GRADE	SERIAL NUMBER	TYPE OF DISCHARGE
Special Agent	-----------	Voluntary Resignation

LAST STATION	COMMANDING OFFICER
Washington, D. C.	--------

REMARKS:

SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT (USE ADDITIONAL SHEET IF NECESSARY)

NOTE: INCLUDE BELOW PERIODS OF UNEMPLOYMENT AND CASUAL EMPLOYMENT. GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. INCLUDE LAST 5 POSITIONS AND COVER AT LEAST 15 YEARS.

EMPLOYER	JOB TITLE
R. H. King Construction Co.	Laborer

ADDRESS (STREET AND NUMBER, CITY, STATE)	KIND OF BUSINESS
Danville, Indiana	Bridge Construction

YOUR DUTIES AND SPECIALITY	NAME OF SUPERVISOR
Construction Worker	R. H. King

DATES COVERED FROM:	TO:	SALARY	PER
5/26	9/26	$10	week

REASONS FOR LEAVING: Return to school

EMPLOYER	JOB TITLE
Danville Gazette	Reporter & Printer

ADDRESS (STREET AND NUMBER, CITY, STATE)	KIND OF BUSINESS
Danville Indiana	Newspaper

YOUR DUTIES AND SPECIALITY	NAME OF SUPERVISOR
Editoral and Mechanical Work	Alvin Hall, Editor

DATES COVERED FROM:	TO:	SALARY	PER
1931	1933	$10-$15	week

REASONS FOR LEAVING: To Enter University

EMPLOYER	JOB TITLE
Indiana University	Publicity Writer

ADDRESS (STREET AND NUMBER, CITY, STATE)	KIND OF BUSINESS
Bloomington Indiana	See above

YOUR DUTIES AND SPECIALITY	NAME OF SUPERVISOR
Writing Athletic Publicity	Various

DATES COVERED FROM:	TO:	SALARY	PER
Partime 1934	1935	$10-(Approx)	week

REASONS FOR LEAVING: Voluntary Resignation

EMPLOYER	JOB TITLE
Self	Attorney-at-law

ADDRESS (STREET AND NUMBER, CITY, STATE)	KIND OF BUSINESS
210 Court Street Maysville Ky.	Practice of Law

(CONTINUED TO PAGE 6)

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SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT (CONTINUED FROM PAGE 5)

YOUR DUTIES AND SPECIALITY: General Legal Practice			NAME OF SUPERVISOR: None	
DATES COVERED	FROM: 1937	TO: 1940	SALARY: $1500-$2200	PER: year
REASONS FOR LEAVING: To enter FBI				
EMPLOYER: Federal Bureau of Investigation			JOB TITLE: Special Agent & Supervisor	
ADDRESS: STREET AND NUMBER: Department of Justice Bldg.	CITY: Washington,	STATE: D. C.	KIND OF BUSINESS: Law inforcement and counter intelligence	
YOUR DUTIES AND SPECIALITY: Counter-Intelligence			NAME OF SUPERVISOR: J. Edgar Hoover	
DATES COVERED	FROM: 12/9/40	TO: 8/22/47	SALARY: $3200-$7000	PER: Annum
REASONS FOR LEAVING: Voluntary Resignation				
EMPLOYER:			JOB TITLE:	
ADDRESS: STREET AND NUMBER	CITY	STATE	KIND OF BUSINESS	
YOUR DUTIES AND SPECIALITY			NAME OF SUPERVISOR	
DATES COVERED	FROM:	TO:	SALARY	PER
REASONS FOR LEAVING				

NOTE: IN SPACE BELOW GIVE DETAILS CONCERNING ANY POSITION FROM WHICH YOU MAY HAVE BEEN DISCHARGED OR WHICH YOU MAY HAVE LEFT UNDER CIRCUMSTANCES WHICH WERE NOT ENTIRELY FAVORABLE.

DETAILS: Absolutely None

SECTION 13. CHARACTER REFERENCES-FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)

NAME	ADDRESS STREET AND NUMBER	CITY	STATE
D. F. Newell	Jersey Ridge Rd.	Maysville,	Ky.
B. F. Small, Atty	Sycamore Bldg.	Terre Haute	Indiana
J. H. Finch, Sr.	Bank of Maysville	Maysville,	Ky.
Harry Stewart	Chief of Police PD	Maysville,	Ky.
E. L. Zeigler, Atty	Cochran Bldg.	Maysville,	KY

SECTION 14. SOCIAL ACQUAINTENCES-FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)

NAME	ADDRESS STREET AND NUMBER	CITY	STATE
A. H. Thurston	% C.I.O.	Washington,	D. C.
Matthew McGuire	U.S. District Court	Washington,	D. C.
J. A. Bennet, Lt. Col.	Andrews Field,		Maryland
L. Whitson	Room 1734 Dept. of Justice	Washington,	D. C.

SECTION 15. NEIGHBORS-THREE IN THE UNITED STATES (AT YOUR LAST NORMAL ADDRESS)

(CONTINUED TO PAGE 7)

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SECTION 15. NEIGHBORS-THREE IN THE UNITED STATES (AT YOUR LAST NORMAL ADDRESS)

NAME	ADDRESS STREET AND NUMBER	CITY	STATE
Richard Frear	2627 39th St. N.W.	Washington,	D. C.
H. John Holzberg	2629 39th St. N.W.	Washington,	D. C.
Richard Gallaher	2629 39th St. N.W.	Washington,	D. C.

SECTION 16. MISCELLANEOUS

DID YOU EVER HAVE OR DO YOU NOW HAVE MEMBERSHIP IN, OR SUPPORT ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES? YES [ ] NO [ ]
IF ANSWER IS "YES" EXPLAIN BELOW:

DO YOU USE, OR HAVE YOU USED INTOXICANTS? In Moderation

HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENCE, AND DISPOSITION OF CASE.

NO

HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? YES [ ] NO [X]
IF ANSWER IS "YES", GIVE DETAILS BELOW:

SECTION 17. FINANCIAL BACKGROUND

ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES [X] NO [ ] IF ANSWER IS "NO", STATE SOURCES OF OTHER INCOME.

NAMES OF BANKS WITH WHICH YOU HAVE ACCOUNTS
Peoples Bank of Fleming County, Flemingsburg, Kentucky
State National Bank, Maysville, Kentucky (Account recently closed)

HAVE YOU EVER BEEN IN BANKRUPTCY? YES [ ] NO [X] IF ANSWER IS "YES", GIVE PARTICULARS:

SECTION 18. CREDIT REFERENCES-THREE IN THE UNITED STATES

NAME	ADDRESS STREET AND NUMBER	CITY	STATE
Peoples Bank of Fleming County	Flemingsburg,	Kentucky	
State National Bank	Maysville,	Kentucky	
J. Garfinckel & Co.	Washington, D. C.		

SECTION 19. RESIDENCES FOR PAST 15 YEARS

FROM	TO	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
3/1942	Date	2627 39th St. N.W.	Washington,	D. C.	
2/1942	3/1942	Gracen Court, Center Avenue	Pittsburgh,	Pa.	
1/41	2/1942	40-71 Elbertson Street	Elmhurst, L.I.	N.Y.C.	N.Y.

(CONTINUED TO PAGE 8)

SECTION 19. RESIDENCES FOR PAST 15 YEARS (CONTINUED FROM PAGE 7)

FROM:	TO:	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
9/1937	12/19[illegible]	[illegible]	Maysville,	Ky.	USA
1933	1937	Various	Bloomington,	Ind.	USA
1931	1933	E. Main	Danville	Ind.	USA
1928	1931	[illegible] S. Center St.	Terre Haute,	Ind.	USA

SECTION 20. RESIDENCES OR TRAVEL OUTSIDE THE UNITED STATES NONE EXCEPT VISIT CANADA

FROM: (MO. AND YR.)	TO: (MO. AND YR.)	CITY OR SECTION	COUNTRY	PURPOSE
9/40	9/40	Canada	(S.Ste. Marie)	Fish

SECTION 21. CLUBS, SOCIETIES AND OTHER ORGANIZATIONS

NOTE: IN SPACE BELOW LIST NAMES AND ADDRESSES OF ALL DOMESTIC AND FOREIGN CLUBS, SOCIETIES AND ORGANIZATIONS OF ALL KINDS TO WHICH YOU HAVE BELONGED, OTHER THAN RELIGIOUS SOCIETIES, POLITICAL PARTIES AND LABOR UNIONS. INCLUDE ANY ORGANIZATION HAVING HEADQUARTERS OR A BRANCH IN A FOREIGN COUNTRY OF WHICH YOU HAVE BEEN A MEMBER OR TO WHICH YOU HAVE GIVEN SUPPORT.

NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
Sigma Chi		Bloomington,	Indiana	USA
Phi Delta Phi		"	"	"
Order of Coif		"	"	"
Rotary International		Maysville	Ky.	USA
Natl. Rifle Association		Various		
Boy Scouts of America		Various		
FBI Recreation Association		Washington, D. C.		

SECTION 22. LANGUAGES-FOREIGN (STATE DEGREE OF PROFICIENCY AS "SLIGHT", "FAIR" OR "FLUENT")

LANGUAGE	SPEAK	READ	WRITE
German		Slight	

SECTION 23. GENERAL QUALIFICATIONS

INDICATE ANY SPECIAL KNOWLEDGE OR TRAINING YOU HAVE. ALSO, SET FORTH ANY QUALIFICATIONS AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION.

Specialist in counter Intelligence, operations, analysis, and evaluation

SECTION 24. SPORTS AND HOBBIES

Fishing, hunting, firearms

SECTION 25. EMERGENCY ADDRESSEE

NAME	RELATIONSHIP
Mrs. Elizabeth M. Harvey	wife

ADDRESS (STREET AND NUMBER)	CITY	STATE	COUNTRY	TELEPHONE
2527 39th Street N.W.	Washington, D. C.			OR 2914

SECTION 26. INFORMATION AND FINAL COMMENTS

NOTE: YOU ARE INFORMED THAT CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED, AND YOU ARE INVITED TO MAKE ANY CHANGES (OR ADDITIONS) IN YOUR STATEMENTS THAT YOU MAY THINK ADVISABLE.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION, IF SO, DESCRIBE, IF NOT, ANSWER, "NO".

NONE

SECTION 27. CERTIFICATION

I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY INTENTIONAL MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR MY IMMEDIATE DISMISSAL.

SIGNED AT ______________________ (City) ______________ (State) DATE ______________________

______________________ Witness ______________________ Signature of Applicant

14-00000

SECRET

27 August 1947

PERSONAL HISTORY STATEMENT OF WILLIAM KING HARVEY

PERSONAL:	Birth:	September 13, 1915	Place:	Danville, Indiana
	Leg Res:	Maysville, Kentucky		
PARENTAGE:	Father:	Drenan R. Harvey		
	Birth:	1888	Place:	Danville, Indiana
	Mother:	Sara Jewel King Harvey		
	Birth:	1890	Place:	Danville, Indiana

RELATIVES ABROAD: None

EDUCATION: Wiley High School, Terre Haute, Indiana
Dates: 1928 to 1931
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937 LLB degree

EXPERIENCE: Danville Gazette - Newspaper, Danville, Indiana
Dates: 1931 to 1933
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937
Practice of Law, Maysville, Kentucky
Dates: 1937 to 1940
F.B.I., Special Agent
Dates: 1940 to August 22, 1947

MILITARY: None

TRAVEL: Visited Canada for one month in September 1940 on vacation.

MARITAL STATUS: Married to: Elizabeth Howe McIntire Harvey
Birth: February 3, 1916 Place: Flemingsburg, Kentucky
Dependents: None besides wife
Father-in-law: James Marvin McIntire, Sr.
Birth: 1880 Place: Fleming County, Ky.
Mother-in-law: Nannie Rose McIntire - now deceased
Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:

2627 - 39th St., N. W.
Washington, D. C. Tel: ORdway 2914

Emergency Addressee: Mrs. Elizabeth M. Harvey
2627 - 39th St., N. W.
Washington, D. C. Tel: ORdway 2914

SECRET

27 August 1947

PERSONAL HISTORY STATEMENT ON WILLIAM KING HARVEY

PERSONAL: Birth: September 13, 1915 Place: Danville, Indiana
Leg Res: Maysville, Kentucky

PARENTAGE: Father: Dronan R. Harvey
Birth: 1888 Place: Danville, Indiana
Mother: Sara Jewel King Harvey
Birth: 1890 Place: Danville, Indiana

RELATIVES ABROAD: None

EDUCATION: Wiley High School, Terre Haute, Indiana
Dates: 1928 to 1931
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937 LLB degree

EXPERIENCE: Danville Gazette - Newspaper, Danville, Indiana
Dates: 1931 to 1933
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937
Practice of Law, Maysville, Kentucky
Dates: 1937 to 1940
F.B.I., Special Agent
Dates: 1940 to August 22, 1947

MILITARY: None

TRAVEL: Visited Canada for one month in September 1940 on vacation.

MARITAL STATUS: Married to: Elizabeth Howe McIntire Harvey
Birth: February 3, 1916 Place: Flemingsburg, Kentucky
Dependents: None besides wife
Father-in-law: James Marvin McIntire, Sr.
Birth: 1880 Place: Fleming County, Ky.
Mother-in-law: Hannie Ross McIntire - now deceased
Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:

2627 - 39th St., N. W.
Washington, D. C. Tel: ORdway 2914

Emergency Addresses: Mrs. Elizabeth M. Harvey
2627 - 39th St., N. W.
Washington, D. C. Tel: ORdway 2914

14-00000

SECRET

27 August 1947

PERSONAL HISTORY STATEMENT ON WILLIAM KING HARVEY

PERSONAL:	Birth: September 13, 1915	Place: Danville, Indiana
	Leg Res: Maysville, Kentucky	
PARENTAGE:	Father: Drenan R. Harvey	
	Birth: 1888	Place: Danville, Indiana
	Mother: Sara Jewel King Harvey	
	Birth: 1890	Place: Danville, Indiana
RELATIVES ABROAD:	None	
EDUCATION:	Wiley High School, Terre Haute, Indiana	
	Dates: 1928 to 1931	
	Indiana University, Bloomington, Indiana	
	Dates: 1933 to 1937	LLB degree
EXPERIENCE:	Danville Gazette - Newspaper, Danville, Indiana	
	Dates: 1931 to 1933	
	Indiana University, Bloomington, Indiana	
	Dates: 1933 to 1937	
	Practice of Law, Maysville, Kentucky	
	Dates: 1937 to 1940	
	F.B.I., Special Agent	
	Dates: 1940 to August 22, 1947	
MILITARY:	None	
TRAVEL:	Visited Canada for one month in September 1940 on vacation.	
MARITAL STATUS:	Married to: Elizabeth Howe McIntire Harvey	
	Birth: February 3, 1916	Place: Flemingsburg, Kentucky
	Dependents: None besides wife	
	Father-in-law: James Marvin McIntire, Sr.	
	Birth: 1880	Place: Fleming County, Ky.
	Mother-in-law: Mannie Ross McIntire - now deceased	
	Birth: 1886	Place: Fleming County, Ky.

Washington address and telephone number:

2627 - 39th St., N. W.
Washington, D. C. Tel: ORdway 2914

Emergency Addresses: Mrs. Elizabeth M. Harvey
2627 - 39th St., N. W.
Washington, D. C. Tel: ORdway 2914

SECRET

14-00000

SECRET

27 August 1947

PERSONAL HISTORY STATEMENT ON WILLIAM KING HARVEY

PERSONAL: Birth: September 13, 1915 Place: Danville, Indiana
Leg Res: Maysville, Kentucky

PARENTAGE: Father: Drenan R. Harvey
Birth: 1888 Place: Danville, Indiana
Mother: Sara Jewel King Harvey
Birth: 1890 Place: Danville, Indiana

RELATIVES ABROAD: None

EDUCATION: Wiley High School, Terre Haute, Indiana
Dates: 1928 to 1931
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937 LLB degree

EXPERIENCE: Danville Gazette - Newspaper, Danville, Indiana
Dates: 1931 to 1933
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937
Practice of Law, Maysville, Kentucky
Dates: 1937 to 1940
F.B.I., Special Agent
Dates: 1940 to August 22, 1947

MILITARY: None

TRAVEL: Visited Canada for one month in September 1940 on vacation.

MARITAL STATUS: Married to: Elizabeth Howe McIntire Harvey
Birth: February 3, 1916 Place: Flemingsburg, Kentucky
Dependents: None besides wife
Father-in-law: James Marvin McIntire, Sr.
Birth: 1880 Place: Fleming County, Ky.
Mother-in-law: Mamie Ross McIntire - now deceased
Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:

2627 - 39th St., N. W.
Washington, D. C. Tel: ORdway 2914

Emergency Addresses: Mrs. Elizabeth M. Harvey
2627 - 39th St., N. W.
Washington, D. C. Tel: ORdway 2914

SECRET

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SECURITY OFFICE

Investigation Report

Date: October 8, 1947

Subject: HARVEY, William King

Number: 32814

To: CPD (2)

1. Investigation directed by: RHC

2. Sources of information: OSO

3. Remarks

4. Recommendation:

SECURITY APPROVAL RECOMMENDED. THOUGH SUBJECT
... RESULT OF DEROGATORY INFORMATION AT SOME
...RE DATE. INTERVIEW WAIVED.
...LESS THE APPLICANT E... UPON DUTY WITHIN
... DAYS FROM ABOVE DATE. THIS APPROVAL BECOMES
INVALID.

Branch notified of this approval. Copy (orig.) sent to Spattel ... 9 Oct. 1947.

By RHC /fm
Security Officer
ROBERT H. CUNNINGHAM

CC: Mr. Judson H. Lightsey

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FORM NO. 38-101
DEC 1946

(1794)

14-00000

MEMORANDUM

Re: William King Harvey

A complete and thorough investigation has been conducted on this employee and he was found suitable for employment in this agency.

14-00000

SECRET

SECURITY INFORMATION

TO : Chief, Communications

DATE: 8 August 1952

Acting

FROM : Chief, Security Division

SUBJECT: HARVEY, William King

32514

In reply to your memorandum this is to advise that subject meets the current requirements for cryptographic clearance and is approved for such duties as of this date.

E. P. Geiss

E. P. Geiss

SECRET

14-00000

Personal + 3rd Agency Material